DOCUMENT RESUME

ED 103 738 CG 009 605

TITLE Oversight Hearing on Older Americans; Hearing Before the Select Subcommittee On Education of the Committee On Education and Labor, House of Representatives, Ninety-Third Congress, First and Second Sessions. Parts 1 and 2.

INSTITUTION Congress of the U.S., Washington, D.C. House Committee on Education and Labor.

PUB DATE 73

NOTE 284p.

EDRS PRICE MF-$0.76 HC-$14.59 PLUS POSTAGE

DESCRIPTORS *Federal Legislation; *Government Publications; *Human Services; *Older Adults; Program Development; *Program Evaluation; Social Environment

IDENTIFIERS *Gerontology

ABSTRACT

The subcommittee's purpose was to conduct an oversight hearing on the Older Americans Act of 1965 as amended, and to provide grants to states for the establishment, maintenance, operation, and expansion of low-cost meal programs, nutrition training and education programs, and opportunity for social contracts. A major portion of the testimony is taken from experts in the field of gerontology and, in particular, from the staff of the Andrus Gerontology Center of the University of Southern California. (Author/PC)

OVERSIGHT HEARING ON OLDER AMERICANS

HEARING

BEFORE THE

SELECT SUBCOMMITTEE ON EDUCATION

OF THE

COMMITTEE ON EDUCATION AND LABOR HOUSE OF REPRESENTATIVES

NINETY-THIRD CONGRESS

FIRST SESSION

ON

INVESTIGATION OF THE OLDER AMERICANS ACT OF 1965, TO PROVIDE GRANTS TO STATES FOR THE ESTABLISHMENT, MAINTENANCE, OPERATION, AND EXPANSION OF LOW-COST MEAL PROGRAMS, NUTRITION TRAINING AND EDUCATION PROGRAMS, OPPORTUNITY FOR SOCIAL CONTACTS, AND FOR OTHER PURPOSES

HEARING HELD IN LOS ANGELES, CALIF., APRIL 14, 1973

Printed for the use of the Committee on Education and Labor

CARL D. PERKINS, *Chairman*

U.S. GOVERNMENT PRINTING OFFICE
97-299 O WASHINGTON : 1973

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OVERSIGHT HEARING ON OLDER AMERICANS

SATURDAY, APRIL 14, 1973

HOUSE OF REPRESENTATIVES,
SELECT SUBCOMMITTEE ON EDUCATION
OF THE COMMITTEE ON EDUCATION AND LABOR,
Los Angeles, Calif.

The subcommittee met at 9:30 a.m., pursuant to call, in Davis Auditorium, Ethel Percy Andrus Gerontology Center, University Park, University of Southern California, Hon. John Brademas (chairman of the subcommittee) presiding.

Present: Representatives Bell, Hansen, and Lehman.

Staff members present: Jack Duncan, majority counsel; Christine Orth, assistant to the counsel; and Charles Radcliffe, minority counsel.

[Text of Older Americans Act of 1965, as amended follows:]

OLDER AMERICANS ACT OF 1965, AS AMENDED

Public Law 89-73 (July 14, 1965), as amended by

Public Law 90-42 (July 1, 1967),

Public Law 91-69 (September 17, 1969),

Public Law 92-258 (March 22, 1972), and

Public Law 93-29 (May 3, 1973)

An Act

To provide assistance in the development of new or improved programs to help older persons through grants to the States for community planning and services and for training, through research, development, or training project grants, and to establish within the Department of Health, Education, and Welfare an operating agency to be designated as the "Administration on Aging".

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Older Americans Act of 1965".

TITLE I—DECLARATION OF OBJECTIVES: DEFINITIONS

DECLARATION OF OBJECTIVES FOR OLDER AMERICANS

SEC. 101. The Congress hereby finds and declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States and of the several States and their political subdivisions to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives:

(1) An adequate income in retirement in accordance with the American standard of living.

(2) The best possible physical and mental health which science can make available and without regard to economic status.

(3) Suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.

(4) Full restorative services for those who require institutional care.

(5) Opportunity for employment with no discriminatory personnel practices because of age.

(6) Retirement in health, honor, dignity—after years of contribution to the economy.

(7) Pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities.

(8) Efficient community services, including access to low-cost transportation, which provide social assistance in a coordinated manner and which are readily available when needed.

(9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness.

(10) Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.

DEFINITIONS

SEC. 102 For the purposes of this Act—

(1) The term "Secretary" means the Secretary of Health, Education, and Welfare;

(2) The term "Commissioner" means, unless the context otherwise requires, the Commissioner of the Administration on Aging.

(3) The term "State" includes the District of Columbia, the Virgin Islands, Puerto Rico, Guam, American Samoa, and the Trust Territory of the Pacific Islands.

(4) The term "nonprofit" as applied to any agency, institution, or organization means an agency, institution, or organization which is, or is owned and operated by one or more corporations or associations no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

TITLE II—ADMINISTRATION ON AGING

ESTABLISHMENT OF ADMINISTRATION ON AGING

SEC. 201. (a) There is established in the Office of the Secretary an Administration on Aging (hereinafter in this Act referred to as the 'Administration') which shall be headed by a Commissioner on Aging (hereinafter in this Act referred to as the 'Commissioner'). Except for title VI and as otherwise specifically provided by the Older Americans Comprehensive Services Amendments of 1973, the Administration shall be the principal agency for carrying out this Act. In the performance of his functions, the Commissioner shall be directly responsible to the Office of the Secretary. The Secretary shall not approve any delegation of the functions of the Commissioner to any other officer not directly responsible to the Commissioner unless the Secretary shall first submit a plan for such delegation to the Congress. Such delegation is effective at the end of the first period of sixty calendar days of continuous session of Congress after the date on which the plan for such delegation is transmitted to it: *Provided, however,* That within thirty days of such transmittal, the Secretary shall consult with the Committee on Labor and Public Welfare of the Senate and the Committee on Education and Labor of the House of Representatives respecting such proposed delegation. For the purpose of this section, continuity of session is broken only by an adjournment of Congress sine die, and the days on which either House is not in session because of an adjournment of more than three days to a day certain are excluded in the computation of the thirty-day and sixty-day periods. Under provisions contained in a reorganization plan, a provision of the plan may be effective.

(b) The Commissioner shall be appointed by the President by and with the advice and consent of the Senate.

FUNCTIONS OF OFFICE

SEC. 202. (a) It shall be the duty and function of the Administration to—

(1) serve as a clearinghouse for information related to problems of the aged and aging;

(2) assist the Secretary in all matters pertaining to problems of the aged and aging;

(3) administer the grants provided by this Act;

(4) develop plans, conduct and arrange for research in the field of aging, and assist in the establishment of and carry out programs designed to meet the needs of older persons for social services, including nutrition, hospitalization, preretirement training, continuing education, low-cost transportation and housing, and health services;

(5) provide technical assistance and consultation to States and political subdivisions thereof with respect to programs for the aged and aging;

(6) prepare, publish, and disseminate educational materials dealing with the welfare of older persons;

(7) gather statistics in the field of aging which other Federal agencies are not collecting;

(8) stimulate more effective use of existing resources and available services for the aged and aging; and

(9) develop basic policies and set priorities with respect to the development and operation of programs and activities conducted under authority of this Act;

(10) provide for the coordination of Federal programs and activities related to such purposes;

(11) coordinate, and assist in, the planning and development by public (including Federal, State, and local agencies) and nonprofit private organizations of programs for older persons, with a view to the establishment of a nationwide network of comprehensive, coordinated services and opportunities for such persons;

(12) convene conferences of such authorities and officials of public (including Federal, State, and local agencies) and nonprofit private organizations concerned with the development and operation of programs for older persons as the Commissioner deems necessary or proper for the development and implementation of policies related to the purposes of this Act;

(13) develop and operate programs providing services and opportunities as authorized by this Act which are not otherwise provided by existing programs for older persons;

(14) carry on a continuing evaluation of the programs and activities related to the purposes of this Act, with particular attention to the impact of medicare and medicaid, the Age Discrimination Act of 1967, and the programs of the National Housing Act relating to housing for the elderly and the setting of standards for the licensing of nursing homes, intermediate care homes, and other facilities providing care for older people;

(15) provide information and assistance to private nonprofit organizations for the establishment and operation by them of programs and activities related to the purposes of this Act; and

(16) develop, in coordination with other agencies, a national plan for meeting the needs for trained personnel in the field of aging, and for training persons for carrying out programs related to the purposes of this Act, and conduct and provide for the conducting of such training.

(b) In executing his duties and functions under this Act and carrying out the programs and activities provided for by this Act, the Commissioner, in consultation with the Director of Action, shall take all possible steps to encourage and permit voluntary groups active in social services, including youth organizations active at the high school or college levels, to participate and be involved individually or through representative groups in such programs or activities to the maximum extent feasible, through the performance of advisory or consultative functions, and in other appropriate ways.

FEDERAL AGENCY COOPERATION

SEC. 203. Federal agencies proposing to establish programs substantially related to the purposes of this Act shall consult with the Administration on Aging prior to the establishment of such services, and Federal agencies administering such programs shall cooperate with the Administration on Aging in carrying out such services.

THE NATIONAL INFORMATION AND RESOURCE CLEARING HOUSE FOR THE AGING

SEC. 204. (a) The Commissioner is authorized and directed to establish and operate a National Information and Resource Clearing House for the Aging which shall—

(1) collect, analyze, prepare, and disseminate information related to the needs and interests of older persons;

(2) obtain information concerning older persons from public and private agencies and other organizations serving the needs and interests of older persons and furnish, upon request, information to such agencies and organizations, including information developed by Federal, State, and local public agencies with respect to programs of such agencies designed to serve the needs and interests of older persons;

(3) encourage the establishment of State and local information centers and provide technical assistance to such centers, including sources established under section 304(c)(3) and section 305(a)(7), to assist older persons to have ready access to information; and

(4) carry out a special program for the collection and dissemination of information relevant to consumer interests of older persons in order that such older persons may more readily obtain information concerning goods and services needed by them.

(b) The Commissioner shall take whatever action is necessary to achieve coordination of activities carried out or assisted by all departments, agencies, and instrumentalities of the Federal Government with respect to the collection, preparation, and dissemination of information relevant to older persons. To the extent practicable, the Commissioner shall carry out his functions under this subsection through the National Information and Resource Clearing House for the Aging.

(c) There are authorized to be appropriated to carry out the purposes of this section during the fiscal year ending June 30, 1973, the fiscal year ending June 30, 1974, and the fiscal year ending June 30, 1975, such sums as may be necessary.

FEDERAL COUNCIL ON THE AGING

SEC. 205. (a) There is established a Federal Council on the Aging to be composed of fifteen members appointed by the President with the advice and consent of the Senate for terms of three years without regard to the provisions of title 5, United States Code. Members shall be appointed so as to be representative of older Americans, national organizations with an interest in aging, business, labor, and the general public. At least five of the members shall themselves be older persons.

(b) (1) Of the members first appointed, five shall be appointed for a term of one year, five shall be appointed for a term of two years, and five shall be appointed for a term of three years, as designated by the President at the time of appointment.

(2) Any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed only for the remainder of such term. Members shall be eligible for reappointment and may serve after the expiration of their terms until their successors have taken office.

(3) Any vacancy in the Council shall not affect its powers, but shall be filled in the same manner by which the original appointment was made.

(4) Members of the Council shall, while serving on business of the Council, be entitled to receive compensation at a rate not to exceed the daily rate specified for grade GS–18 in section 5332 of title 5, United States Code, including traveltime, and while so serving away from their homes or regular places of business, they may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as the expenses authorized by section 5703(b) of title 5, United States Code, for persons in the Government service employed intermittently.

(c) The President shall designate the Chairman from among the members appointed to the Council. The Council shall meet at the call of the Chairman but not less often than four times a year. The Secretary and the Commissioner on Aging shall be ex officio members of the Council.

(d) The Council shall—

(1) advise and assist the President on matters relating to the special needs of older Americans;

(2) assist the Commissioner in making the appraisal of needs required by section 402;

(3) review and evaluate, on a continuing basis, Federal policies regarding the aging and programs and other activities affecting the aging conducted or assisted by all Federal departments and agencies for the purpose of appraising their value and their impact on the lives of older Americans; and

(4) serve as a spokesman on behalf of older Americans by making recommendations to the President, to the Secretary, the Commissioner, and to the Congress with respect to Federal policies regarding the aging and federally conducted or assisted programs and other activities relating to or affecting them;

(5) inform the public about the problems and needs of the aging, in consultation with the National Information and Resource Clearing House for the Aging, by collecting and disseminating information, conducting or commissioning studies and publishing the results thereof, and by issuing publications and reports; and

(6) provide public forums for discussing and publicizing the problems and needs of the aging and obtaining information relating thereto by conducting public hearings, and by conducting or sponsoring conferences, workshops, and other such meetings.

(e) The Secretary and the Commissioner shall make available to the Council such staff, information, and other assistance as it may require to carry out its activities.

(f) Beginning with the year 1974 the Council shall make such interim reports as it deems advisable and an annual report of its findings and recommendations to the President not later than March 31 of each year. The President shall transmit each such report to the Congress together with his comments and recommendations.

(g) The Council shall undertake a study of the interrelationships of benefit programs for the elderly operated by Federal, State, and local government agencies. Following the completion of this study, but no later than eighteen months after enactment of this Act, the President shall submit to Congress recommendations for bringing about greater uniformity of eligibility standards, and for eliminating the negative impact that one program's standards may have on another.

(h) The Council shall undertake a study of the combined impact of all taxes on the elderly—including but not limited to income, property, sales, social security taxes. Upon completion of this study, but no later than eighteen months after enactment of this Act, the President shall submit to Congress, and to the Governor and legislatures of the States, the results thereof and such recommendations as he deems necessary.

(i) The Council shall undertake a study or studies concerning the effects of the formulae specified in section 303 for allotment among the States of sums appropriated for area planning and social service programs authorized under title III of this Act. Upon completion of this study, but no later than January 1, 1975, the results of such study, together with recommendations for such changes, if any, in such formulae as may be determined to be desirable, and the justification for any changes recommended, shall be submitted to the Commissioner, the Secretary of Health, Education, and Welfare, the Committee on Labor and Public Welfare of the Senate, and the Committee on Education and Labor of the House of Representatives.

ADMINISTRATION OF THE ACT

SEC. 206. (a) In carrying out the purposes of this Act, the Commissioner is authorized to:

(1) provide consultative services and technical assistance to public or nonprofit private agencies and organizations;

(2) provide short-term training and technical instruction;

(3) conduct research and demonstrations;

(4) collect, prepare, publish, and disseminate special educational or informational materials, including reports of the projects for which funds are provided under this Act; and

(5) provide staff and other technical assistance to the Federal Council on the Aging.

(b) In administering his functions under this Act, the Commissioner may utilize the services and facilities of any agency of the Federal Government and of any other public or nonprofit agency or organization, in accordance with agreements between the Commissioner and the head thereof, and is authorized to pay therefor, in advance or by way of reimbursement, as may be provided in the agreement.

(c) For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary.

EVALUATION

SEC. 207. (a) The Secretary shall measure and evaluate the impact of all programs authorized by this Act, their effectiveness in achieving stated goals in general, and in relation to their cost, their impact on related programs, and their structure and mechanisms for delivery of services, including, where appropriate, comparisons with appropriate control groups composed of persons who have not participated in such programs. Evaluations shall be conducted by persons not immediately involved in the administration of the program or project evaluated.

(b) The Secretary may not make grants or contracts under section 308 or title IV of this Act until he has developed and published general standards to be used by him in evaluating the programs and projects assisted under such section or title. Results of evaluations conducted pursuant to such standards shall be included in the reports required by section 208.

(c) In carrying out evaluations under this section, the Secretary shall, whenever possible, arrange to obtain the opinions of program and project participants about the strengths and weaknesses of the programs and projects.

(d) The Secretary shall annually publish summaries of the results of evaluative research and evaluation of program and project impact and effectiveness, the full contents of which shall be available to Congress and the public.

(e) The Secretary shall take the necessary action to assure that all studies, evaluations, proposals, and data produced or developed with Federal funds shall become the property of the United States.

(f) Such information as the Secretary may deem necessary for purposes of the evaluations conducted under this section shall be made available to him, upon request, by the departments and agencies of the executive branch.

(g) The Secretary is authorized to use such sums as may be required, but not to exceed 1 per centum of the funds appropriated under this Act, or $1,000,000 whichever is greater, to conduct program and project evaluations (directly, or by grants or contracts) as required by this title. In the case of allotments from such an appropriation, the amount available for such allotments (and the amount deemed appropriated therefor) shall be reduced accordingly.

REPORTS

SEC. 208. Not later than one hundred and twenty days after the close of each fiscal year, the Commissioner shall prepare and submit to the President for transmittal to the Congress a full and complete report on the activities carried out under this Act. Such annual reports shall include statistical data reflecting services and activities provided individuals during the preceding fiscal year.

JOINT FUNDING OF PROJECTS

SEC. 209. Pursuant to regulations prescribed by the President, and to the extent consistent with the other provisions of this Act, where funds are provided for a single project by more than one Federal agency to any agency or organization assisted under this Act, the Federal agency principally involved may be designated to act for all in

administering the funds provided. In such cases, a single non-Federal share requirement may be established according to the proportion of funds advanced by each Federal agency, and any such agency may waive any technical grant or contract requirement (as defined by such regulations) which is inconsistent with the similar requirements of the administering agency or which the administering agency does not impose.

ADVANCE FUNDING

SEC. 210. (a) For the purpose of affording adequate notice of funding available under this Act, appropriations under this Act are authorized to be included in the appropriation Act for the fiscal year preceding the fiscal year for which they are available for obligation.

(b) In order to effect a transition to the advance funding method of timing appropriation action, the amendment made by subsection (a) shall apply notwithstanding that its initial application will result in the enactment in the same year (whether in the same appropriation Act or otherwise) of two separate appropriations, one for the then current fiscal year and one for the succeeding fiscal year.

TITLE III—GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING

PURPOSE

SEC. 301. It is the purpose of this title to encourage and assist State and local agencies to concentrate resources in order to develop greater capacity and foster the development of comprehensive and coordinated service systems to serve older persons by entering into new cooperative arrangements with each other and with providers of social services for planning for the provision of, and providing, social services and, where necessary, to reorganize or reassign functions, in order to—

(1) secure and maintain maximum independence and dignity in a home environment for older persons capable of self-care with appropriate supportive services; and

(2) remove individual and social barriers to economic and personal independence for older persons.

DEFINITIONS

SEC. 302. For purposes of this title—

(1) The term 'social services' means any of the following services which meet such standards as the Commissioner may prescribe:

(A) health, continuing education, welfare, informational, recreational, homemaker, counseling, or referral services;

(B) transportation services where necessary to facilitate access to social services;

(C) services designed to encourage and assist older persons to use the facilities and services available to them;

(D) services designed to assist older persons to obtain adequate housing;

(E) services designed to assist older persons in avoiding institutionalization, including preinstitutionalization evaluation and screening, and home health services; or

(F) any other services;

if such services are necessary for the general welfare of older persons.

(2) The term 'unit of general purpose local government' means (A) a political subdivision of the State whose authority is broad and general and is not limited to only one function or a combination of related functions, or (B) an Indian tribal organization.

(3) The term 'comprehensive and coordinated system' means a system for providing all necessary social services in a manner designed to—

(A) facilitate accessibility to and utilization of all social services provided within the geographic area served by such system by any public or private agency or organization;

(B) develop and make the most efficient use of social services in meeting the needs of older persons; and

(C) use available resources efficiently and with a minimum of duplication.

AREA PLANNING AND SOCIAL SERVICE PROGRAMS

SEC. 303. (a) There are authorized to be appropriated such sums as may be necessary for the fiscal year ending June 30, 1973, $103,600,000 for the fiscal year ending June 30, 1974, and $130,000,000 for the fiscal year ending June 30, 1975, to enable the Commissioner to make grants to each State with a State plan approved under section 305 (except as provided in section 307(a)) for paying part of the cost (pursuant to subsection (e) of this section and section 306) of—

(1) the administration of area plans by area agencies on aging designated pursuant to section 304(a)(2)(A), including the preparation of area plans on aging consistent with section 304(c) and the evaluation of activities carried out under such plans;

(2) the development of comprehensive and coordinated systems for the delivery of social services; and

(3) activities carried out pursuant to section 306.

(b)(1) From the sums authorized to be appropriated for the fiscal year ending June 30, 1973, under subsection (a) of this section, (A) Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands shall each be allotted an amount equal to one-fourth of 1 per centum of such sum, (B) each other State shall be allotted an amount equal to one-half of 1 per centum of such sum, and (C) from the remainder of the sum so appropriated, each State shall be allotted an additional amount which bears the same ratio to such remainder as the population aged sixty or over in such State bears to the population aged sixty or over in all States.

(2) From the sums appropriated for the fiscal year ending June 30, 1974, and for the fiscal year ending June 30, 1975, each State shall be allotted an amount which bears the same ratio to such sums as the population aged sixty or over in such State bears to the population aged sixty or over in all States, except that (A) no State shall be allotted less than one-half of 1 per centum of the sum appropriated for the fiscal year for which the determination is made; (B) Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands shall each be allotted no less than one-fourth of 1 per centum of the sum appropriated for the fiscal year for which the determination is made; and (C) no State shall be allotted an amount less than that State received for the fiscal year ending June 30, 1973. For the purpose of the exception contained in clause (A) of this paragraph only, the term 'State' does not include Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands.

(3) The number of persons aged sixty or over in any State and in all States shall be determined by the Commissioner on the basis of the most recent and satisfactory data available to him.

(c) Whenever the Commissioner determines that any amount allotted to a State for a fiscal year under this section will not be used by such State for carrying out the purpose for which the allotment was made, he shall make such amount available for carrying out such purpose to one or more other States to the extent he determines such other States will be able to use such additional amount for carrying out such purpose. Any amount made available to a State from an appropriation for a fiscal year pursuant to the preceding sentence shall, for purposes of this title, be regarded as part of such State's allotment (as determined under the preceding provisions of this section) for such year.

(d) The allotment of a State under this section for the fiscal year ending June 30, 1973, shall remain available until the close of the following fiscal year.

(e) From a State's allotment under this section for a fiscal year—

(1) such amount as the State agency determines, but not more than 15 per centum thereof, shall be available for paying such percentage as such agency determines, but not more than 75 per centum, of the cost of administration of area plans; and

(2) such amount as the State agency determines, but (beginning with the fiscal year ending June 30, 1975) not more than 20 per centum thereof, shall be available for paying such percentage as such agency determines, but not more than 75 per centum, of the cost of social services which are not provided as a part of a comprehensive and coordinated system in planning and service areas for which there is an area plan approved by the State agency.

The remainder of such allotment shall be available to such State only for paying such percentage as the State agency determines, but not more than 90 per centum of the cost of social services provided in the State as a part of comprehensive and coordinated systems in planning and service areas for which there is an area plan approved by the State agency.

ORGANIZATION

State Organization

SEC. 304. (a) In order for a State to be eligible to participate in the programs of grants to States from allotments under section 303 and section 306—

(1) the State shall, in accordance with regulations of the Commissioner, designate a State agency as the sole State agency (hereinafter in this title referred to as 'the State agency') to: (A) develop the State plan to be submitted to the Commissioner for approval under section 305, (B) administer the State plan within such State, (C) be primarily responsible for the coordination of all State activities related to the purposes of this Act, (D) review and comment on, at the request of any Federal department or agency, any application from any agency or organization within such State to such Federal department or agency for assistance related to meeting the needs of older persons; and (E) divide the entire State into distinct areas (hereinafter in this title referred to as 'planning and service areas'), in accordance with regulations of the Commissioner, after considering the geographical distribution of individuals aged sixty and older in the State, the incidence of the need for social services (including the numbers of older persons with low incomes residing in such areas), the distribution of resources available to provide such services, the boundaries of existing areas within the State which were drawn for the planning or administration of social services programs, the location of units of general purpose local government within the State, and any other relevant factors: *Provided*, That any unit of general purpose local government which has a population aged sixty or over of fifty thousand or more or which contains 15 per centum or more of the State's population aged sixty or over shall be designated as a planning and service area; except that the State may designate as a planning and service area, any region within the State recognized for purposes of areawide planning which includes one or more such units of general purpose local government when the State determines that the designation of such a regional planning and service area is necessary for, and will enhance, the effective administration of the programs authorized by this title, the State may include in any planning and service area designated pursuant to this provision such additional areas adjacent to the unit of general purpose local government or region so designated as the State determines to be necessary for, and will enhance, the effective administration of the programs authorized by this title, and

(2) the State agency designated pursuant to paragraph (1) shall—

(A) determine for which planning and service areas an area plan will be developed, in accordance with subsection (c) of this section, and for each such area designate, after consideration of the views offered by the unit or units of general purpose local government in such area, a public or nonprofit private agency or organization as the area agency on aging for such area; and

(B) provide assurances, satisfactory to the Commissioner that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of social services provided under such plan.

Area Organization

(b) An area agency on aging designated under subsection (a) must be—

(1) an established office of aging which is operating within a planning and service area designated pursuant to subsection (a) of this section, or

(2) any office or agency of a unit of general purpose local government, which is designated for this purpose by the chief elected official or officials of such unit, or

(3) any office or agency designated by the chief elected official or officials of a combination of units of general purpose local government to act on behalf of such combination for this purpose, or

(4) any public or nonprofit private agency in a planning and service area which is under the supervision or direction for this purpose of the designated State agency and which can engage in the planning or provision of a broad range of social services within such planning and service area,

and must provide assurance, found adequate by the State agency, that it will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program pursuant to the plan within the planning and service area. In designating an area agency on aging, the State agency shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

Area Plans

(c) In order to be approved by the State agency, an area plan for a planning and service area shall be developed by the area agency on aging designated with respect to such area under subsection (a) and shall—

(1) provide for the establishment of a comprehensive and coordinated system for the delivery of social services within the planning and service area covered by the plan, including determining the need for social services in such area (taking into consideration, among other things, the numbers of older persons with low incomes residing in such area), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of social services in such area, for the provision of such services to meet such need;

(2) in accordance with criteria established by the Commissioner by regulation relating to priorities, provide for the initiation, expansion, or improvement of social services in the planning and service area covered by the area plan;

(3) provide for the establishment or maintenance of information and referral sources in sufficient numbers to assure that all older persons within the planning and service area covered by the plan will have reasonably convenient access to such sources. For purposes of this section and section 305(a)(7), an information and referral source is a location where the State or other public

or private agency or organization (A) maintains current information with respect to the opportunities and services available to older persons, and develops current lists of older persons in need of services and opportunities, and (B) employs a specially trained staff to inform older persons of the opportunities and services which are available, and assists such persons to take advantage of such opportunities and services; and

(4) provide that the area agency on aging will—

(A) conduct periodic evaluations of activities carried out pursuant to the area plan;

(B) render appropriate technical assistance to providers of social services in the planning and service area covered by the area plan;

(C) where necessary and feasible, enter into arrangements, consistent with the provisions of the area plan, under which funds under this title may be used to provide legal services to older persons in the planning and service area carried out through federally assisted programs or other public or nonprofit agencies;

(D) take into account, in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(E) where possible, enter into arrangements with organizations providing day care services for children so as to provide opportunities for older persons to aid or assist, on a voluntary basis, in the delivery of such services to children; and

(F) establish an advisory council, consisting of representatives of the target population and the general public, to advise the area agency on all matters relating to the administration of the plan and operations conducted thereunder.

STATE PLANS

SEC. 305. (a) In order for a State to be eligible for grants for a fiscal year from its allotments under section 303 and section 306, except as provided in section 307(a), it shall submit to the Commissioner a State plan for such year which meets such criteria as the Commissioner may prescribe by regulation and which—

(1) provides that the State agency will evaluate the need for social services within the State and determine the extent to which existing public or private programs meet such need;

(2) provides for the use of such methods of administration (including methods relating to the establishment and maintenance of personnel standards on a merit basis, except that the Commissioner shall exercise no authority with respect to the selection, tenure of office, or compensation of an individual employed in accordance with such methods) as are necessary for the proper and efficient administration of the plan;

(3) provides that the State agency will make such reports, in such form, and containing such information, as the Commissioner may from time to time require, and comply with such requirements as the Commissioner may impose to assure the correctness of such reports;

(4) provides that the State agency will conduct periodic evaluations of activities and projects carried out under the State plan;

(5) establishes objectives, consistent with the purposes of this title, toward which activities under the plan will be directed, identifies obstacles to the attainment of those objectives, and indicates how it proposes to overcome those obstacles;

(6) provides that each area agency on aging designated pursuant to section 304(a)(2)(A) will develop and submit to the State agency for approval an area plan which complies with section 304(c);

(7) provides for establishing or maintaining information and referral sources in sufficient numbers to assure that all older persons in the State who are not furnished adequate information and referral sources under section 304(c)(3) will have reasonably convenient access to such sources;

(8) provides that no social service will be directly provided by the State agency or an area agency on aging, except where, in the judgment of the State agency, provision of such service by the State agency or an area agency on aging is necessary to assure an adequate supply of such service; and

(9) provides that subject to the requirements of merit employment systems of State and local governments, preference shall be given to persons aged sixty or over for any staff positions (full time or part time) in State and area agencies for which such persons qualify.

(b) The Commissioner shall approve any State plan which he finds fulfills the requirements of subsection (a) of this section.

(c) The Commissioner shall not make a final determination disapproving any State plan, or any modification thereof, or make a final determination that a State is ineligible under section 304, without first affording the State reasonable notice and opportunity for a hearing.

(d) Whenever the Commissioner, after reasonable notice and opportunity for hearing to the State agency, finds that—

(1) the State is not eligible under section 304,

(2) the State plan has been so changed that it no longer complies with the provisions of subsection (a), or

(3) in the administration of the plan there is a failure to comply substantially with any such provision of subsection (a),

the Commissioner shall notify such State agency that no further payments from its allotments under section 303 and section 306 will be made to the State (or, in his discretion, that further payments to the State will be limited to projects under or portions of the State plan not affected by such failure), until he is satisfied that there will no longer be any failure to comply. Until he is so satisfied, no further payments shall be made to such State from its allotments under section 303 and section 306 (or payments shall be limited to projects under or portions of the State plan not affected by such failure). The Commissioner shall, in accordance with regulations he shall prescribe,

disburse the funds so withheld directly to any public or nonprofit private organization or agency or political subdivision of such State submitting an approved plan in accordance with the provisions of section 304 and section 306. Any such payment or payments shall be matched in the proportions specified in sections 303 and 306.

(e) A State which is dissatisfied with a final action of the Commissioner under subsection (b), (c), or (d) may appeal to the United States court of appeals for the circuit in which the State is located, by filing a petition with such court within sixty days after such final action. A copy of the petition shall be forthwith transmitted by the clerk of the court to the Commissioner, or any officer designated by him for that purpose. The Commissioner thereupon shall file in the court the record of the proceedings on which he based his action, as provided in section 2112 of title 28, United States Code. Upon the filing of such petition, the court shall have jurisdiction to affirm the action of the Commissioner or to set it aside, in whole or in part, temporarily or permanently, but until the filing of the record, the Commissioner may modify or set aside his order. The findings of the Commissioner as to the facts, if supported by substantial evidence, shall be conclusive, but the court, for good cause shown, may remand the case to the Commissioner to take further evidence, and the Commissioner may thereupon make new or modified findings of fact and may modify his previous action, and shall file in the court the record of the further proceedings. Such new or modified findings of fact shall likewise be conclusive if supported by substantial evidence. The judgment of the court affirming or setting aside, in whole or in part, any action of the Commissioner shall be final, subject to review by the Supreme Court of the United States upon certiorari or certification as provided in section 1254 of title 28, United States Code. The commencement of proceedings under this subsection shall not, unless so specifically ordered by the court, operate as a stay of the Commissioners' action.

PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

SEC. 306. (a) (1) Amounts appropriated as authorized by section 303 may be used to make grants to States for paying such percentages as each State agency determines, but not more than 75 per centum, of the cost of the administration of its State plan, including the preparation of the State plan, the evaluation of activities carried out under such plan, the collection of data and the carrying out of analyses related to the need for social services within the State, the dissemination of information so obtained, the provision of short-term training to personnel of public or nonprofit private agencies and organizations engaged in the operation of programs authorized by this Act, and the carrying out of demonstration projects of statewide significance relating to the initiation, expansion, or improvement of social service.

(2) Any sums allotted to a State under this section for covering part of the cost of the administration of its State plan which the State determines is not needed for such purpose may be used by such State to supplement the amount available under section 303(e)(1) to cover part of the cost of the administration of area plans.

(3) Any State which has designated a single planning and service area pursuant to section 304(a)(1)(E) covering all, or substantially all, of the older persons in such State, as determined by the Commissioner, may elect to pay part of the costs of the administration of State and area plans either out of sums allotted under this section or out of sums made available for the administration of area plans pursuant to section 303(c)(1), but shall not pay such costs out of sums allotted under both such sections.

(b)(1) From the sums appropriated for any fiscal year under section 303 for carrying out the purposes of this section, each State shall be allotted an amount which bears the same ratio to such sum as the population aged sixty or over in such State bears to the population aged sixty or over in all States, except that (A) no State shall be allotted less than one-half of 1 per centum of the sum appropriated for the fiscal year for which the determination is made, or $160,000, whichever is greater, and (B) Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands shall each be allotted no less than one-fourth of 1 per centum of the sum appropriated for the fiscal year for which the determination is made, or $50,000, whichever is greater. For the purpose of the exception contained in clause (A) of this paragraph, the term 'State' does not include Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands.

(2) The number of persons aged sixty or over in any State and in all States shall be determined by the Commissioner on the basis of the most recent satisfactory data available to him.

(c) The amounts of any State's allotment under subsection (b) for any fiscal year which the Commissioner determines will not be required for that year shall be reallotted, from time to time and on such dates during such year as the Commissioner may fix, to other States in proportion to the original allotments to such States under subsection (b) for that year, but with such proportionate amount for any of such other States being reduced to the extent it exceeds the sum the Commissioner estimates such State needs and will be able to use for such year; and the total of such reductions shall be similarly reallotted among the States whose proportionate amounts were not so reduced. Such reallotments shall be made on the basis of the State plan so approved, after taking into consideration the population aged sixty or over. Any amount reallotted to a State under this subsection during a year shall be deemed part of its allotment under subsection (b) for that year.

(d) The allotment of a State under this section for the fiscal year ending June 30, 1973, shall remain available until the close of the following fiscal year.

PAYMENTS

SEC. 307. (a) Payments of grants or contracts under this title may be made (after necessary adjustments on account of previously made overpayments or underpayments) in advance or by way of reimbursement, and in such installments, as the Commissioner may determine. From a State's allotment for a fiscal year which is available pursuant to section 306 the Commissioner may pay to a State which does not have a State plan approved under section 305 such amounts as he deems appropriate for the purpose of assisting such State in developing a State plan. From a State's allotment for a fiscal year which is available pursuant to section 303, the Commissioner may, during the period ending one year after the date of enactment of the Older Amer-

icans Comprehensive Services Amendments, pay, in accordance with such regulations as he may prescribe, to a State which does not have a State plan approved under section 305, such amounts as he deems appropriate for the purpose of continuing Federal financial assistance for activities assisted under the plan of such State approved under section 303 of this Act prior to enactment of the Older Americans Comprehensive Services Amendments.

(b) Beginning with the fiscal year ending June 30, 1975, not less than 25 per centum of the non-Federal share (pursuant to section 303(e)) of the total expenditures under the State plan shall be met from funds from State or local public sources.

(c) A State's allotment under section 303 for a fiscal year shall be reduced by the percentage (if any) by which its expenditures for such year from State sources under its State plan approved under section 305 are less than its expenditures from such sources for the preceding fiscal year.

MODEL PROJECTS

SEC. 308. (a) The Commissioner may, after consultation with the State agency, make grants to any public or nonprofit private agency or organization or contracts with any agency or organization within such State for paying part or all of the cost of developing or operating statewide, regional, metropolitan area, county, city, or community model projects which will expand or improve social services or otherwise promote the well-being of older persons. In making grants and contracts under this section, the Commissioner shall give special consideration to projects designed to—

(1) assist in meeting the special housing needs of older persons by (A) providing financial assistance to such persons, who own their own homes, necessary to enable them to make the repairs and renovations to their homes which are necessary for them to meet minimum standards, (B) studying and demonstrating methods of adapting existing housing, or construction of new housing, to meet the needs of older persons suffering from physical disabilities, and (C) demonstrating alternative methods of relieving older persons of the burden of real property taxes on their homes;

(2) provide continuing education to older persons designed to enable them to lead more productive lives by broadening the educational, cultural, or social awareness of such older persons, emphasizing, where possible, free tuition arrangements with colleges and universities;

(3) provide preretirement education, information, and relevant services (including the training of personnel to carry out such programs and the conducting of research with respect to the development and operation of such programs) to persons planning retirement; or

(4) provide services to assist in meeting the particular needs of the physically and mentally impaired older persons including special transportation and escort services, homemaker, home health and shopping services, reader services, letter writing services, and other services designed to assist such individuals in leading a more independent life.

(b) For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for the fiscal year ending June 30, 1973, the fiscal year ending June 30, 1974, and the fiscal year ending June 30, 1975.

TITLE IV—TRAINING AND RESEARCH

PART A—TRAINING

STATEMENT OF PURPOSE

SEC. 401. The purpose of this part is to improve the quality of service and to help meet critical shortages of adequately trained personnel for programs in the field of aging by (1) developing information on the actual needs for personnel to work in the field of aging, both present and long range; (2) providing a broad range of quality training and retraining opportunities, responsive to changing needs of programs in the field of aging; (3) attracting a greater number of qualified persons into the field of aging; and (4) helping to make personnel training programs more responsive to the need for trained personnel in the field of aging.

APPRAISING PERSONNEL NEEDS IN THE FIELD OF AGING

SEC. 402. (a) The Commissioner shall from time to time appraise the Nation's existing and future personnel needs in the field of aging, at all levels and in all types of programs, and the adequacy of the Nation's efforts to meet these needs. In developing information relating to personnel needs in the field of aging, the Commissioner shall consult with, and make maximum utilization of statistical and other related information of the Department of Labor, the Veterans' Administration, the Office of Education, Federal Council on the Aging, the National Foundation on the Arts and Humanities, State educational agencies, other State and local public agencies and offices dealing with problems of the aging, State employment security agencies, and other appropriate public and private agencies.

(b) The Commissioner shall prepare and publish annually as a part of the annual report provided in section 208 a report on the professions dealing with the problems of the aging, in which he shall present in detail his view on the state of such professions and the trends which he discerns with respect to the future complexion of programs for the aging throughout the Nation and the funds and the needs for well-educated personnel to staff such programs. The report shall indicate the Commissioner's plans concerning the allocation of Federal assistance under this title in relation to the plans and programs of other Federal agencies.

ATTRACTING QUALIFIED PERSONS TO THE FIELD OF AGING

SEC. 403. The Commissioner may make grants to State agencies referred to in section 304, State or local educational agencies, institutions of higher education, or other public or nonprofit private agencies, organizations, or institutions, and he may enter into contracts with any agency, institution, or organization for the purpose of—

(1) publicizing available opportunities for careers in the field of aging;

(2) encouraging qualified persons to enter or reenter the field of aging;

(3) encouraging artists, craftsmen, artisans, scientists, and persons from other professions and vocations and homemakers, to undertake assignments on a part-time basis or for temporary periods in the field of aging; or

(4) preparing and disseminating materials, including audio-visual materials and printed materials, for use in recruitment and training of persons employed or preparing for employment in carrying out programs related to the purposes of this Act.

TRAINING PROGRAMS FOR PERSONNEL IN THE FIELD OF AGING

SEC. 404. (a) The Commissioner may make grants to any public or nonprofit private agency, organization, or institution or with State agencies referred to in section 304, or contracts with any agency, organization, or institution, to assist them in training persons who are employed or preparing for employment in fields related to the purposes of this Act—

(1) to assist in covering the cost of courses of training or study (including short-term or regular session institutes and other inservice and preservice training programs),

(2) for establishing and maintaining fellowships to train persons to be supervisors or trainers of persons employed or preparing for employment in fields related to the purposes of this Act,

(3) for seminars, conferences, symposiums, and workshops in the field of aging, including the conduct of conferences and other meetings for the purposes of facilitating exchange of information and stimulating new approaches with respect to activities related to the purposes of this Act,

(4) for the improvement of programs for preparing personnel for careers in the field of aging, including design, development, and evaluation of exemplary training programs, introduction of high quality and more effective curricula and curricula materials, and

(5) the provision of increased opportunities for practical experience.

(b) The Commissioner may include in the terms of any contract or grant under this part provisions authorizing the payment, to persons participating in training programs supported under this part, of such stipends (including allowances for subsistence and other expenses for such persons and their dependents) as he determines to be consistent with prevailing practices under comparable federally supported programs. Where the Commissioner provides for the use of funds under this section for fellowships, he shall (in addition to stipends for the recipients) pay to colleges or universities in which the fellowship is being pursued such amounts as the Commissioner shall determine to be consistent with prevailing practices under comparable federally supported programs.

PART B—RESEARCH AND DEVELOPMENT PROJECTS

DESCRIPTION OF ACTIVITIES

SEC. 411. The Commissioner may make grants to any public or nonprofit private agency, organization, or institution and contracts with any agency, organization, or institution or with any individual

for the purpose of—

(1) studying current patterns and conditions of living of older persons and identifying factors which are beneficial or detrimental to the wholesome and meaningful living of such persons;

(2) developing or demonstrating new approaches, techniques, and methods (including the use of multipurpose centers) which hold promise of substantial contribution toward wholesome and meaningful living for older persons;

(3) developing or demonstrating approaches, methods, and techniques for achieving or improving coordination of community services for older persons;

(4) evaluating these approaches, techniques, and methods, as well as others which may assist older persons to enjoy wholesome and meaningful lives and to continue to contribute to the strength and welfare of our Nation;

(5) collecting and disseminating, through publications and other appropriate means, information concerning research findings, demonstration results, and other materials developed in connection with activities assisted under this part; or

(6) conducting conferences and other meetings for the purposes of facilitating exchange of information and stimulating new approaches with respect to activities related to the purposes of this part.

SPECIAL STUDY AND DEMONSTRATION PROJECTS ON THE TRANSPORTATION PROBLEMS OF OLDER AMERICANS

SEC. 412. (a) The Commissioner shall, after consultation with the Secretary of Transportation and the Secretary of Housing and Urban Development, conduct a comprehensive study and survey of the transportation problems of older Americans with emphasis upon solutions that are practicable and can be implemented in a timely fashion. In conducting the study and survey, the Commissioner shall consider—

(1) the use of all community transportation facilities, particularly public transportation systems, the possible use of school buses, and excess Department of Defense vehicles; and

(2) the need for revised and improved procedures for obtaining motor vehicle insurance by older Americans to be implemented for use in a coordinated transportation system.

(b) In connection with the study required by subsection (a), the Commissioner, in coordination with the Secretary of Transportation and the Secretary of Housing and Urban Development, shall conduct research and demonstration projects, either directly or by grants or contracts with public or private nonprofit agencies and organizations, in order to—

(1) demonstrate possible solutions of economic and service aspect of furnishing adequate transportation to older persons in rural and urban areas including transportation services furnished by social service agencies;

(2) demonstrate improvement of transportation services available to older persons with emphasis on (A) establishing special transportation subsystems for older persons or similar groups with similar mobility restrictions, (B) providing portal-to-portal service and demand actuated services, (C) making payments directly to older persons to enable them to obtain reasonable and necessary transportation services;

(3) demonstrate improved coordination between transportation systems and social service delivery systems; and

(4) demonstrate innovative solutions for other special transportation problems confronting older Americans.

(c) At least half of the projects authorized under subsection (b) of this section shall be conducted in States that are predominantly rural in character.

(d) Not later than January 1, 1975, the Commissioner shall prepare and transmit to the Secretary, to the President, and to the Congress, a report on his findings and recommendations, including a plan for implementation of improved transportation services for older Americans and recommendations for additional legislation, administrative and other measures to provide solutions to the transportation problems of older Americans not later than January 1, 1975, as he deems advisable.

(e) In carrying out the study and survey, and the demonstration and research projects under this section, the Commissioner is authorized to—

(1) procure temporary or intermittent services of experts and consultants in accordance with section 3109 of title 5, United States Code, and

(2) secure directly from any executive department, bureau, agency, board, commission, office, independent establishment or instrumentality information, suggestions, estimates, and statistics for the purpose of this section: and each such department, bureau, agency, board, commission, office, independent establishment or instrumentality is authorized and directed, to the extent permitted by law, to furnish such information, suggestions, estimates, and statistics directly to the Commissioner upon request made by him.

PART C—MULTIDISCIPLINARY CENTERS OF GERONTOLOGY

SEC. 421. The Commissioner may make grants to public and private nonprofit agencies, organizations, and institutions for the purpose of establishing or supporting multidisciplinary centers of gerontology. A grant may be made under this section only if the application therefor—

(1) provides satisfactory assurance that the applicant will expend the full amount of the grant to establish or support a multidisciplinary center of gerontology which shall—

(A) recruit and train personnel at the professional and subprofessional levels,

(B) conduct basic and applied research on work, leisure, and education of older people, living arrangements of older

people, social services for older people, the economics of aging, and other related areas,

(C) provide consultation to public and voluntary organizations with respect to the needs of older people and in planning and developing services for them,

(D) serve as a repository of information and knowledge with respect to the areas for which it conducts basic and applied research,

(E) stimulate the incorporation of information on aging into the teaching of biological, behavioral, and social sciences at colleges or universities,

(F) help to develop training programs on aging in schools of social work, public health, health care administration, education, and in other such schools at colleges and universities, and

(G) create opportunities for innovative, multidisciplinary efforts in teaching, research, and demonstration projects with respect to aging;

(2) provides for such fiscal control and fund accounting procedures as may be necessary to assure proper disbursement of and accounting for funds paid to the applicant under this section; and

(3) provides for making such reports, in such form and containing such information, as the Commissioner may require to carry out his functions under this section, and for keeping such records and for affording such access thereto as the Commissioner may find necessary to assure the correctness and verification of such reports.

Part D—Authorization of Appropriations

AUTHORIZATION

Sec. 431. There are authorized to be appropriated for the purposes of carrying out this title such sums as may be necessary for the fiscal year ending June 30, 1973, the fiscal year ending June 30, 1974, and the fiscal year ending June 30, 1975.

PAYMENTS OF GRANTS

Sec. 432. (a) To the extent he deems it appropriate, the Commissioner shall require the recipient of any grant or contract under this title to contribute money, facilities, or services for carrying out the project for which such grant or contract was made.

(b) Payments under this part pursuant to a grant or contract may be made (after necessary adjustment, in the case of grants, on account of previously made overpayments or underpayments) in advance or by way of reimbursement, and in such installments and on such conditions, as the Commissioner may determine.

(c) The Commissioner shall make no grant or contract under this title in any State which has established or designated a State agency for purposes of title III of this Act unless the Commissioner has consulted with such State agency regarding such grant or contract.

TITLE V—MULTIPURPOSE SENIOR CENTERS

PART A—ACQUISITION, ALTERATION, OR RENOVATION OF MULTIPURPOSE SENIOR CENTERS

GRANTS AUTHORIZED

SEC. 501. (a) In order to provide a focal point in communities for the development and delivery of social services and nutritional services designed primarily for older persons, the Commissioner may make grants to units of general purpose local government or other public or nonprofit private agencies or organizations and may make contracts with any agency or organization to pay not to exceed 75 per centum of the cost of acquiring, altering, or renovating existing facilities to serve as multipurpose senior centers (including the initial equipment of such facilities). Facilities assisted by grants or contracts under this part shall be in close proximity to the majority of individuals eligible to use the multipurpose senior center, and within walking distance where possible.

(b) The total payments made pursuant to grants or contracts under this section in any State for any fiscal year shall not exceed 10 per centum of the total amount appropriated for the year for the purposes of carrying out this part.

(c) The term 'multipurpose senior center' means a community facility for the organization and provision of a broad spectrum of services (including provision of health, social, and educational services and provision of facilities for recreational activities) for older persons.

REQUIREMENTS FOR APPROVAL OF APPLICATIONS

SEC. 502. (a) A grant or contract for purchase under this part may be made only if the application therefor is approved by the Commissioner upon his determination that—

(1) the application contains or is supported by reasonable assurances that (A) for not less than ten years after purchase, the facility will be used for the purposes for which it is to be purchased, (B) sufficient funds will be available to meet the non-Federal share of the cost of purchase of the facility, (C) sufficient funds will be available, when purchase is completed, for effective use of the facility for the purpose for which it is being purchased, and (D) the facility will not be used and is not intended to be used for sectarian instruction or as a place for religious worship;

(2) the application contains or is supported by reasonable assurances that there are no existing facilities in the community suitable for leasing as a multipurpose senior center;

(3) the plans and specifications are in accordance with regulations relating to minimum standards of construction and equipment (promulgated with particular emphasis on securing compliance with the requirements of the Architectural Barriers Act of 1968 (Public Law 90-480)); and

(4) the application contains or is supported by adequate assurance that any laborer or mechanic employed by any contractors or subcontractors in the performance of work on the facility will be paid wages at rates not less than those prevailing for similar work in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276a–276a5). The Secretary of Labor shall have, with respect to the labor standards specified in this paragraph, the authority and functions set forth in Reorganization Plan Numbered 14 of 1950

(15 F.R. 3176; 64 Stat. 1267), and section 2 of the Act of June 13, 1934, as amended (40 U.S.C. 276c).

(b) In making grants or contracts under this part, the Commissioner shall—

(1) give preference to the acquisition of multipurpose senior centers in areas where there is being developed a comprehensive and coordinated system under title III of this Act; and

(2) consult with the Secretary of Housing and Urban Development with respect to the technical adequacy of any proposed alteration or renovation.

PAYMENTS

SEC. 503. Upon approval of any application for a grant or contract under this part, the Commissioner shall reserve, from any appropriation available therefor, the amount of such grant or contract. The amount so reserved may be paid in advance or by way of reimbursement, and in such installments consistent with progress in alteration or renovation, as the Commissioner may determine. The Commissioner's reservation of any amount under this section may be amended by him, either upon approval of an amendment of the application or upon revision of the estimated cost of altering or renovating the facility.

RECAPTURE OF PAYMENTS

SEC. 504. If, within ten years after purchase of any facility for which funds have been paid under this part—

(a) the owner of the facility ceases to be a public or nonprofit private agency or organization, or

(b) the facility ceases to be used for the purposes for which it was purchased (unless the Commissioner determines, in accordance with regulations, that there is good cause for releasing the applicant or other owner from the obligation to do so),

the United States shall be entitled to recover from the applicant or other owner of the facility an amount which bears to the then value of the facility (or so much thereof as constituted an approved project or projects) the same ratio as the amount of such Federal funds bore to the cost of the facility financed with the aid of such funds. Such value shall be determined by agreement of the parties or by action brought in the United States district court for the district in which such facility is situated.

AUTHORIZATION OF APPROPRIATIONS

SEC. 505. (a) There are authorized to be appropriated for the purpose of making grants or contracts under section 501, such sums as may be necessary for the fiscal year ending June 30, 1973, the fiscal year ending June 30, 1974, and the fiscal year ending June 30, 1975.

(b) Sums appropriated for any fiscal year under subsection (a) of this section and remaining unobligated at the end of such year shall remain available for such purpose for the next fiscal year.

MORTGAGE INSURANCE FOR MULTIPURPOSE SENIOR CENTERS

SEC. 506. (a) It is the purpose of this section to assist and encourage the provision of urgently needed facilities for programs for the elderly.

(b) For the purpose of this part the terms 'mortgage', 'mortgagor', 'mortgagee', 'maturity date', and 'State' shall have the meanings respectively set forth in section 207 of the National Housing Act.

(c) The Secretary of Health, Education, and Welfare is authorized to insure any mortgage (including advances on such mortgage during acquisition, alteration, or renovation) in accordance with the provisions of this section upon such terms and conditions as he may prescribe and make commitments for insurance of such mortgage prior to the date of its execution or disbursement thereon.

(d) In order to carry out the purpose of this section, the Secretary is authorized to insure any mortgage which covers a new multipurpose senior center, including equipment to be used in its operation, subject to the following conditions:

(1) The mortgage shall be executed by a mortgagor, approved by the Secretary, who demonstrates ability successfully to operate one or more programs for the elderly. The Secretary may in his discretion require any such mortgagor to be regulated or restricted as to minimum charges and methods of financing, and, in addition thereto, if the mortgagor is a corporate entity, as to capital structure and rate of return. As an aid to the regulation or restriction of any mortgagor with respect to any of the foregoing matters, the Secretary may make such contracts with and acquire for not to exceed $100 such stock interest in such mortgagor as he may deem necessary. Any stock or interest so purchased shall be paid for out of the Multipurpose Senior Center Insurance Fund, and shall be redeemed by the mortgagor at par upon the termination of all obligations of the Secretary under the insurance.

(2) The mortgage shall involve a principal obligation in an amount not to exceed $250,000 and not to exceed 90 per centum of the estimated replacement cost of the property or project, including equipment to be used in the operation of the multipurpose senior center, when the proposed improvements are completed and the equipment is installed.

(3) The mortgage shall—

(A) provide for complete amortization by periodic payments within such term as the Secretary shall prescribe, and

(B) bear interest (exclusive of premium charges for insurance and service charges, if any) at not to exceed such per centum per annum on the principal obligation outstanding at any time as the Secretary finds necessary to meet the mortgage market.

(4) The Secretary shall not insure any mortgage under this section unless he has determined that the center to be covered by the mortgage will be in compliance with minimum standards to be prescribed by the Secretary.

(5) In the plans for such Multipurpose Senior Center, due consideration shall be given to excellence of architecture and design, and to the inclusion of works of art (not representing more than 1 per centum of the cost of the project).

(e) The Secretary shall fix and collect premium charges for the insurance of mortgages under this section which shall be payable annually in advance by the mortgagee, either in cash or in debentures of the Multipurpose Senior Center Insurance Fund (established by subsection (h)) issued at par plus accrued interest. In the case of any mortgage such charge shall be not less than an amount equivalent to one-fourth of 1 per centum per annum nor more than an amount equivalent to 1 per centum per annum of the amount of the principal obligation of the mortgage outstanding at any one time, without taking into account delinquent payments or prepayments. In addition to the

premium charge herein provided for, the Secretary is authorized to charge and collect such amounts as he may deem reasonable for the appraisal of a property or project during acquisition, alteration, or renovation; but such charges for appraisal and inspection shall not aggregate more than 1 per centum of the original principal face amount of the mortgage.

(f) The Secretary may consent to the release of a part or parts of the mortgaged property or project from the lien of any mortgage insured under this section upon such terms and conditions as he may prescribe.

(g)(1) The Secretary shall have the same functions, powers, and duties (insofar as applicable) with respect to the insurance of mortgages under this section as the Secretary of Housing and Urban Development has with respect to the insurance of mortgages under title II of the National Housing Act.

(2) The provisions of subsections (e), (g), (h), (i), (j), (k), (l), and (n) of section 207 of the National Housing Act shall apply to mortgages insured under this section; except that, for the purposes of their application with respect to such mortgages, all references in such provisions to the General Insurance Fund shall be deemed to refer to the Multipurpose Senior Center Insurance Fund, and all references in such provisions to 'Secretary' shall be deemed to refer to the Secretary of Health, Education, and Welfare.

(h)(1) There is hereby created a Multipurpose Senior Center Insurance Fund which shall be used by the Secretary as a revolving fund for carrying out all the insurance provisions of this section. All mortgages insured under this section shall be insured under and be the obligation of the Multipurpose Senior Center Insurance Fund.

(2) The general expenses of the operations of the Department of Health, Education, and Welfare relating to mortgages insured under this section may be charged to the Multipurpose Senior Center Insurance Fund.

(3) Moneys in the Multipurpose Senior Center Insurance Fund not needed for the current operations of the Department of Health, Education, and Welfare with respect to mortgages insured under this section shall be deposited with the Treasurer of the United States to the credit of such fund, or invested in bonds or other obligations of, or in bonds or other obligations guaranteed as to principal and interest by, the United States. The Secretary may, with the approval of the Secretary of the Treasury, purchase in the open market debentures issued as obligations of the Multipurpose Senior Center Insurance Fund. Such purchases shall be made at a price which will provide an investment yield of not less than the yield obtainable from other investments authorized by this section. Debentures so purchased shall be canceled and not reissued.

(4) Premium charges, adjusted premium charges, and appraisal and other fees received on account of the insurance of any mortgage under this section, the receipts derived from property covered by such mortgages and from any claims, debts, contracts, property, and security assigned to the Secretary in connection therewith, and all earnings on the assets of the fund, shall be credited to the Multipurpose Senior Center Insurance Fund. The principal of, and interest paid and to be paid on, debentures which are the obligation of such fund, cash insurance payments and adjustments, and expenses incurred in the handling, management, renovation, and disposal of properties acquired, in connection with mortgages insured under this section, shall be charged to such fund.

(5) There are authorized to be appropriated to provide initial capital for the Multipurpose Senior Center Insurance Fund, and to assure the soundness of such fund thereafter, such sums as may be necessary.

ANNUAL INTEREST GRANTS

SEC. 507. (a) To assist nonprofit private agencies to reduce the cost of borrowing from other sources for the acquisition, alteration or renovation of facilities, the Secretary may make annual interest grants to such agencies.

(b) Annual interest grants under this section with respect to any facility shall be made over a fixed period not exceeding forty years, and provision for such grants shall be embodied in a contract guaranteeing their payment over such period. Each such grant shall be in an amount not greater than the difference between (1) the average annual debt service which would be required to be paid, during the life of the loan, on the amount borrowed from other sources for the acquisition, alteration or renovation or such facilities, and (2) the average annual debt service which the institution would have been required to pay, during the life of the loan, with respect to such amounts if the applicable interest rate were 3 per centum per annum: *Provided*, That the amount on which such grant is based shall be approved by the Secretary.

(c)(1) There are hereby authorized to be appropriated to the Secretary such sums as may be necessary for payment of annual interest grants in accordance with this section.

(2) Contracts for annual interest grants under this section shall not be entered into in an aggregate amount greater than is authorized in appropriation Acts.

(d) Not more than 12½ per centum of the funds provided for in this section for grants may be used within any one State.

PART B—INITIAL STAFFING OF MULTIPURPOSE SENIOR CENTERS

PERSONNEL STAFFING GRANT PROGRAM AUTHORIZED

SEC. 511. (a) For the purpose of assisting in the establishment and initial operation of multipurpose senior centers the Commissioner may, in accordance with the provisions of this part, make grants to meet, for the temporary periods specified in this part, all or part of the costs of compensation of professional and technical personnel for the initial operation of new multipurpose senior centers and for the delivery of social services established therein.

(b) Grants for such costs of any center under this title may be made only for the period beginning with the first day of the first month for which such grant is made and ending with the close of three years after such first day. Such grants with respect to any center may not exceed 75 per centum of such costs for the first year of the project, 66⅔ per centum of such costs for the second year of the project, and 50 per centum of such costs for the third year of the project.

(c) In making such grants, the Secretary shall take into account the relative needs of the several States for community centers for senior citizens, their relative financial needs, and their population of persons over sixty years of age.

(d) For the purpose of this part, there are authorized to be appropriated such sums as may be necessary for the fiscal year ending June 30, 1973, and for each of the next two succeeding fiscal years.

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TITLE VI—NATIONAL OLDER AMERICANS VOLUNTEER PROGRAM

PART A—RETIRED SENIOR VOLUNTEER PROGRAM

GRANTS AND CONTRACTS FOR VOLUNTEER SERVICE PROJECTS

SEC. 601. (a) In order to help retired persons to avail themselves of opportunities for voluntary service in their community, the Secretary is authorized to make grants to State agencies (established or designated pursuant to section 303(a)(1)) or grants to or contracts with other public and nonprofit private agencies and organizations to pay part or all of the costs for the development or operation, or both, of volunteer service programs under this section, if he determines in accordance with such regulations as he may prescribe that —

(1) volunteers shall not be compensated for other than transportation, meals, and other out-of-pocket expenses incident to their services;

(2) only individuals aged sixty or over will provide services in the program (except for administrative purposes), and such services will be performed in the community where such individuals reside or in nearby communities either (a) on publicly owned and operated facilities or projects, or (b) on local projects sponsored by private nonprofit organizations (other than political parties), other than projects involving the construction, operation, or maintenance of so much of any facility used or to be used for sectarian instruction or as a place for religious worship;

(3) the program will not result in the displacement of employed workers or impair existing contracts for services;

(4) the program includes such short-term training as may be necessary to make the most effective use of the skills and talents of those individuals who are participating, and provides for the payment of the reasonable expenses of trainees;

(5) the program is being established and will be carried out with the advice of persons competent in the field of service being staffed, and of persons with interest in and knowledge of the needs of older persons; and

(6) the program is coordinated with other related Federal and State programs.

(b) Payments under this part pursuant to a grant or contract may be made (after necessary adjustment, in the case of grants, on account of previously made overpayments or underpayments) in advance or by way of reimbursement, in such installments and on such conditions, as the Secretary may determine.

(c) The Secretary shall not award any grant or contract under this part for a project in any State to any agency or organization unless, if such State has a State agency established or designated pursuant to section 303 (a) (1), such agency is the recipient of the award or such agency has had not less than sixty days in which to review the project application and make recommendations thereon.

(d) Notwithstanding any other provision of law, no compensation provided to individual volunteers under this part shall be considered income for any purpose whatsoever.

AUTHORIZATION OF APPROPRIATIONS

Sec. 603. There are authorized to be appropriated, for grants or contracts under this part, $5,000,000 for the fiscal year ending June 30, 1970, $10,000,000 for the fiscal year ending June 30, 1971, and $15,000,000 for the fiscal year ending June 30, 1972 and $15,000,000 for the fiscal year ending June 30, 1973, $17,500,000 for the fiscal year ending June 30, 1974, and $20,000,000 for the fiscal year ending June 30, 1975.

PART B—FOSTER GRANDPARENT PROGRAM AND OLDER AMERICANS COMMUNITY SERVICE PROGRAMS

SEC. 611. (a) The Commissioner is authorized to make grants to or contracts with public and nonprofit private agencies and organizations to pay part or all of the cost of development and operation of projects designed to provide opportunities for low-income persons aged sixty or over to render supportive person-to-person services in health, education, welfare, and related settings to children having exceptional needs, including services as 'Foster Grandparents' to children receiving care in hospitals, homes for dependent and neglected children, or other establishments providing care for children with special needs.

(b) The Commissioner is also authorized to make grants or contracts to carry out the purposes described in subsection (a) in the case of persons (other than children) having exceptional needs, including services as 'senior health aides' to work with persons receiving home health care and nursing care, and as 'senior companions' to persons having developmental disabilities.

(c) Payments under this part pursuant to a grant or contract may be made (after necessary adjustment on account of previously made overpayments or underpayments) in advance or by way of reimbursement, in such installments and on such conditions as the Commissioner may determine.

(d) Notwithstanding any other provision of law, no compensation provided to individual volunteers under this part shall be considered income for any purpose whatsoever.

CONDITIONS OF GRANTS AND CONTRACTS

Sec. 612. (a) (1) In administering this part the Secretary shall—

(A) assure that the new participants in any project are older persons of low income who are no longer in the regular work force;

(B) award a grant or contract only if he determines that the project will not result in the displacement of employed workers or impair existing contracts for services.

(2) The Secretary shall not award a grant or contract under this part which involves a project proposed to be carried out throughout the State or over an area more comprehensive than one community unless—

(A) the State agency (established or designated under section 303(a) (1)) is the applicant for such grant or contract or, if not, such agency has been afforded a reasonable opportunity to apply for and receive such award and to administer or supervise the administration of the project; and

(B) in cases in which such agency is not the grantee or contractor (including cases to which subparagraph (A) applies but in which such agency has not availed itself of the opportunity to apply for and receive such award), the application contains or is supported by satisfactory assurance that the project has been developed, and will to the extent appropriate be conducted in consultation with, or with the participation of, such agency.

(3) The Secretary shall not award a grant or contract under this title which involves a project proposed to be undertaken entirely in a community served by a community action agency unless—

(A) such agency is the applicant for such grant or contract or, if not, such agency has been afforded a reasonable opportunity to apply for and receive such award and to administer or supervise the administration of the project; and

(B) in cases in which such agency is not the grantee or contractor (including cases to which subparagraph (A) applies but in which such agency has not availed itself of the opportunity to apply for and receive such award), the application contains or is

supported by satisfactory assurance that the project has been developed, and will to the extent appropriate be conducted in consultation with, or with the participation of, such agency; and

(C) if such State has a State agency established or designated pursuant to section 303 (a) (1), such agency has had not less than 45 days in which to review the project application and make recommendations thereon.

(b) The term "community action agency" as used in this section, means a community action agency established under title II of the Economic Opportunity Act of 1964.

INTERAGENCY COOPERATION

SEC. 613. In administering this part, the Commissioner shall consult with the Office of Economic Opportunity, the Departments of Labor and Health, Education, and Welfare and any other Federal agencies administering relevant programs with a view to achieving optimal coordination with such other programs and shall promote the coordination of projects under this part with other public or private programs or projects carried out at State and local levels. Such Federal agencies shall cooperate with the Secretary in disseminating information about the availability of assistance under this part and in promoting the identification and interest of low-income older persons whose services may be utilized in projects under this part.

AUTHORIZATION OF APPROPRIATIONS

SEC. 614. (a) (1) There are authorized to be appropriated for grants or contracts under subsections (a) and (b) of section 611, $25,000,000 for the fiscal year ending June 30, 1973, $32,500,000 for the fiscal year ending June 30, 1974, and $40,000,000 for the fiscal year ending June 30, 1975, respectively, of which (A) $25,000,000 for the fiscal year ending June 30, 1973, $26,500,000 for the fiscal year ending June 30, 1974, and $32,000,000 for the fiscal year ending June 30, 1975, respectively, shall be available for such years for grants or contracts under subsection (a) of section 611, and (B) $5,000,000 for the fiscal year ending June 30, 1974, and $8,000,000 for the fiscal year ending June 30, 1975, respectively, shall be available for such years for grants or contracts under subsection (b) of such section.

(2) If the sums authorized to be appropriated under paragraph (1) of this subsection for fiscal years beginning after June 30, 1973, are not appropriated and made available for each such fiscal year, then such sums as are so appropriated and made available for each such fiscal year shall be allocated so that—

(A) any amounts appropriated not in excess of a sum which

when added to carryover balances otherwise available for obligation under subsection (a) of section 611 equals $25,000,000 shall be used for grants or contracts under such subsection; and

(B) any amounts appropriated in excess of a sum which when added to carryover balances otherwise available for obligation under subsection (a) of section 611 equals $31,000,000 for the fiscal year ending June 30, 1974, and $33,000,000 for the fiscal year ending June 30, 1975, respectively, shall be used for grants or contracts for such fiscal years under subsection (a) of such section.

TITLE VII—NUTRITION PROGRAM FOR THE ELDERLY

FINDINGS AND PURPOSE

SEC. 701. (a) The Congress finds that the research and development nutrition projects for the elderly conducted under title IV of the Older Americans Act have demonstrated the effectiveness of, and the need for, permanent nationwide projects to assist in meeting the nutritional and social needs of millions of persons aged sixty or older. Many elderly persons do not eat adequately because (1) they cannot afford to do so; (2) they lack the skills to select and prepare nourishing and well-balanced meals; (3) they have limited mobility which may impair their capacity to shop and cook for themselves; and (4) they have feelings of rejection and loneliness which obliterate the incentive necessary to prepare and eat a meal alone. These and other physiological, psychological, social, and economic changes that occur with aging result in a pattern of living, which causes malnutrition and further physical and mental deterioration.

(b) In addition to the food stamp program, commodity distribution systems and old-age income benefits, there is an acute need for a national policy which provides older Americans, particularly those with low incomes, with low cost, nutritionally sound meals served in strategically located centers such as schools, churches, community centers, senior citizen centers, and other public or private nonprofit institutions where they can obtain other social and rehabilitative services. Besides promoting better health among the older segment of our population through improved nutrition, such a program would reduce the isolation of old age, offering older Americans an opportunity to live their remaining years in dignity.

ADMINISTRATION

SEC. 702. (a) In order to effectively carry out the purposes of this title, the Commissioner shall—

(1) administer the program through the Administration on Aging; and

(2) consult with the Secretary of Agriculture and make full utilization of the Food and Nutrition Service, and other existing services of the Department of Agriculture.

(b) In carrying out the provisions of this title, the Commissioner is authorized to request the technical assistance and cooperation of the Department of Labor, the Office of Economic Opportunity, the Department of Housing and Urban Development, the Department of Transportation, and such other departments and agencies of the Federal Government as may be appropriate.

(c) The Commissioner is authorized to use, with their consent, the

services, equipment, personnel, and facilities of Federal and other agencies with or without reimbursement and on a similar basis to cooperate with other public and private agencies and instrumentalities in the use of services, equipment, personnel, and facilities.

(d) In carrying out the purposes of this title, the Commissioner is authorized to provide consultative services and technical assistance to any public or private nonprofit institution or organization, agency, or political subdivision of a State; to provide short-term training and technical instruction; and to collect, prepare, publish, and disseminate special educational or informational materials, including reports of the projects for which funds are provided under this title.

ALLOTTMENT OF FUNDS

SEC. 703. (a) (1) From the sums appropriated for any fiscal year under section 708, each State shall be allotted an amount which bears the same ratio to such sum as the population aged 60 or over in such State bears to the population aged 60 or over in all States, except that (A) no State shall be allotted less than one-half of 1 per centum of the sum appropriated for the fiscal year for which the determination is made; and (B) Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands shall each be allotted an amount equal to one-fourth of 1 per centum of the sum appropriated for the fiscal year for which the determination is made. For the purpose of the exception contained in this paragraph, the term 'State' does not include Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands.

(2) The number of persons aged sixty or over in any State and for all States shall be determined by the Commissioner on the basis of the most satisfactory data available to him.

(b) The amount of any State's allotment under subsection (a) of any fiscal year which the Commissioner determines will not be required for that year shall be reallotted, from time to time and on such dates during such year as the Commissioner may fix, to other States in proportion to the original allotments to such States under subsection (a) for that year, but with such proportionate amount for any of such other States being reduced to the extent it exceeds the sum the Commissioner estimates such State needs and will be able to use for such year; and the total of such reductions shall be similarly reallotted among the States whose proportionate amounts were not so reduced. Such reallotments shall be made on the basis of the State plan so approved, after taking into consideration the population aged sixty or over. Any amount reallotted to a State under this subsection during a year shall be deemed part of its allotment under subsection (a) for that year.

(c) The allotment of any State under subsection (a) for any fiscal year shall be available for grants to pay up to 90 per centum of the costs of projects in such State described in section 706 and approved by such State in accordance with its State plan approved under section 705, but only to the extent that such costs are both reasonable and necessary for the conduct of such projects, as determined by the Commissioner in accordance with criteria prescribed by him in regulations. Such allotment to any State in any fiscal year shall be made upon the condition that the Federal allotment will be matched during each fiscal year by 10 per centum, or more, as the case may be, from funds or in kind resources from non-Federal sources.

(d) If the Commissioner finds that any State has failed to qualify under the State plan requirements of section 705, the Commissioner shall withhold the allotment of funds to such State referred to in subsection (a). The Commissioner shall disburse the funds so withheld directly

to any public or private nonprofit institution or organization, agency, or political subdivision of such State, submitting an approved plan in accordance with the provisions of section 705, including the requirement that any such payment or payments shall be matched in the proportion specified in subsection (c) for such State, by funds or in kind resources from non-Federal sources.

(e) The State agency may, upon the request of one or more recipients of a grant or contract, purchase agricultural commodities and other foods to be provided to such nutrition projects assisted under this part. The Commissioner may require reports from State agencies, in such form and detail as he may prescribe, concerning requests by recipients of grants or contracts for the purchase of such agricultural commodities and other foods, and action taken thereon.

PAYMENT OF GRANTS

SEC. 704. Payments pursuant to grants or contracts under this title may be made in installments, and in advance or by way of reimbursement, with necessary adjustments on account of overpayments or underpayments, as the Commissioner may determine.

STATE PLANS

SEC. 705. (a) Any State which desires to receive allotments under this title shall submit to the Commissioner for approval a State plan for purposes of this title which, in the case of a State agency designated pursuant to section 304 of this Act, shall be in the form of an amendment to the State plan provided in section 305. Such plan shall—

(1) establish or designate a single State agency as the sole agency for administering or supervising the administration of the plan and coordinating operations under the plan with other agencies providing services to the elderly, which agency shall be the agency designated pursuant to section 304(a)(1) of this Act, unless the Governor of such State shall, with the approval of the Commissioner, designate another agency;

(2) sets forth such policies and procedures as will provide satisfactory assurance that allotments paid to the State under the provisions of this title will be expended—

(A) to make grants in cash or in kind to any public or private nonprofit institution or organization, agency, or political subdivision of a State (referred to herein as 'recipient of a grant or contract')—

(i) to carry out the program as described in section 706.

(ii) to provide up to 90 per centum of the costs of the purchase and preparation of the food; delivery of the meals; and such other reasonable expenses as may be incurred in providing nutrition services to persons aged sixty or over. Recipients of grants or contracts may charge participating individuals for meals furnished pursuant to guidelines established by the Commissioner, taking into consideration the income ranges of eligible individuals in local communities and other sources of income of the recipients of a grant or a contract.

(iii) to provide up to 90 per centum of the costs of such supporting services as may be necessary in each instance, such as the costs of related social services and, where appropriate, the costs of transportation between the project site and the residences of eligible individuals who could not participate in the project in the absence of

such transportation, to the extent such costs are not met through other Federal, State, or local programs.

(B) to provide for the proper and efficient administration of the State plan at the least possible administrative cost, for the fiscal year ending June 30, 1973, not to exceed an amount equal to 10 per centum of the amount allotted to the State unless a greater amount in such fiscal year is approved by the Commissioner. For the fiscal years ending after June 30, 1973, funds allotted to a State for State planning and administration pursuant to section 306 of this Act may be used for the administration of the State plan submitted pursuant to this section, except that wherever the governor of the State designates an agency other than the agency designated under section 304(a)(1) of this Act, then the Commissioner shall determine that portion of a State's allotment under section 306 which shall be available to the agency designated under section 705(a)(1) for planning and administration. In administering the State plan, the State agency shall—

(i) make reports, in such form and containing such information, as the Commissioner may require to carry out his functions under this title, including reports of participation by the groups specified in subsection (4) of this section; and keep such records and afford such access thereto as the Commissioner may find necessary to assure the correctness and verification of such reports and proper disbursement of Federal funds under this title, and

(ii) provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid by the State to the recipient of a grant or contract.

(3) provide such methods of administration (including methods relating to the establishment and maintenance of personnel standards on a merit basis, except that the Commissioner shall exercise no authority with respect to the selection, tenure of office, and compensation of any individual employed in accordance with such methods) as are necessary for the proper and efficient operation of the plan.

(4) provide that preference shall be given in awarding grants to carry out the purposes of this title to projects serving primarily low-income individuals and provide assurances that, to the extent feasible, grants will be awarded to projects operated by and serving the needs of minority, Indian, and limited English-speaking eligible individuals in proportion to their numbers in the State.

(5) provide that, when mutually agreed upon by recipients of grants and contracts and area planning and service areas agencies, nutrition projects assisted under this title shall be made a part of the comprehensive and coordinated systems established under title III of this Act.

(b) The Commissioner shall approve any State plan which he determines meets the requirements and purposes of this section.

(c) Whenever, the Commissioner, subject to reasonable notice and opportunity for hearing to such State agency, finds (1) that the State plan has been so changed that it no longer complies with the provisions of this title, or (2) that in the administration of the plan there is a failure to comply substantially with any such provision or with any requirements set forth in the application of a recipient of a grant or contract approved pursuant to such plan, the Commissioner shall notify

such State agency that further payments will not be made to the State under the provisions of this title (or in his discretion, that further payments to the State will be limited to programs or projects under the State plan, or portions thereof, not affected by the failure, or that the State agency shall not make further payments under this part to specified local agencies affected by the failure) until he is satisfied that there is no longer any such failure to comply. Until he is so satisfied, the Commissioner shall make no further payments to the State under this title, or shall limit payments to recipients of grants or contracts under, or parts of, the State plan not affected by the failure or payments to the State agency under this part shall be limited to recipients of grants or contracts not affected by the failure, as the case may be.

(d) (1) If any State is dissatisfied with the Commissioner's final action with respect to the approval of its State plan submitted under subsection (a), or with respect to termination of payments in whole or in part under subsection (c), such State may, within sixty days after notice of such action, file with the United States court of appeals for the circuit in which such State is located a petition for review of that action. A copy of the petition shall be forthwith transmitted by the clerk of the court to the Commissioner. The Commissioner thereupon shall file in the court the record of the proceeding on which he based his action, as provided in section 2112 of title 28, United States Code.

(2) The findings of fact by the Commissioner, if supported by substantial evidence, shall be conclusive; but the court for good cause shown, may remand the case to the Commissioner to take further evidence, and the Commissioner may thereupon make new or modified findings of fact and may modify his previous action, and shall certify to the court the record of the further proceedings. Such new or modified findings of fact shall likewise be conclusive if supported by substantial evidence.

(3) The court shall have jurisdiction to affirm the action of the Commissioner or to set it aside, in whole or in part. The judgment of the court shall be subject to review by the Supreme Court of the United States upon certiorari or certification as provided in section 1254 of title 28, United States Code.

NUTRITION AND OTHER PROGRAM REQUIREMENTS

SEC. 706. (a) Funds allotted to any State during any fiscal year pursuant to section 703 shall be disbursed by the State agency to recipients of grants or contracts who agree—

(1) to establish a project (referred to herein as a 'nutrition project') which, five or more days per week, provides at least one hot meal per day and any additional meals, hot or cold, which the recipient of a grant or contract may elect to provide, each of which assures a minimum of one-third of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Academy of Sciences-National Research Council;

(2) to provide such nutrition project for individuals aged sixty or over who meet the specifications set forth in clauses (1), (2), (3), or (4) of section 701(a) and their spouses (referred to herein as 'eligible individuals');

(3) to furnish a site for such nutrition project in as close proximity to the majority of eligible individuals' residences as feasible, such as a school or a church, preferably within walking distance where possible and, where appropriate, to furnish transportation to such site or home-delivered meals to eligible individuals who are homebound;

(4) to utilize methods of administration, including outreach, which will assure that the maximum number of eligible individuals may have an opportunity to participate in such nutrition project;

(5) to provide special menus, where feasible and appropriate, to meet the particular dietary needs arising from the health requirements, religious requirements or ethnic backgrounds of eligible individuals;

(6) to provide a setting conducive to expanding the nutrition project and to include, as a part of such project, recreational activities, informational, health and welfare counseling and referral services, where such services are not otherwise available;

(7) to include such training as may be necessary to enable the personnel to carry out the provisions of this title;

(8) to establish and administer the nutrition project with the advice of persons competent in the field of service in which the nutrition program is being provided, of elderly persons who will themselves participate in the program and of persons who are knowledgeable with regard to the needs of elderly persons;

(9) to provide an opportunity to evaluate the effectiveness, feasibility, and cost of each particular type of such project;

(10) to give preference to persons aged sixty or over for any staff positions, full- or part-time, for which such persons qualify and to encourage the voluntary participation of other groups, such as college and high school students in the operation of the project; and

(11) to comply with such other standards as the Commissioner may by regulation prescribe in order to assure the high quality of the nutrition project and its general effectiveness in attaining the objectives of this title.

(b) The Commissioner and the Comptroller General of the United States or any of their duly authorized representatives shall have access for the purpose of audit and examination to any books, documents, papers, and records that are pertinent to a grant or contract received under this title.

AVAILABILITY OF SURPLUS COMMODITIES

SEC. 707. (a) Agricultural commodities and products purchased by the Secretary of Agriculture under section 32 of the Act of August 24, 1935 (7 U.S.C. 612c) may be donated to a recipient of a grant or contract to be used for providing nutritional services in accordance with the provisions of this title.

(b) The Commodity Credit Corporation may dispose of food commodities under section 416 of the Agricultural Act of 1949 (7 U.S.C. 1431) by donating them to a recipient of a grant or contract to be used for providing nutritional services in accordance with the provisions of this title.

(c) Dairy products purchased by the Secretary of Agriculture under section 709 of the Food and Agriculture Act of 1965 (7 U.S.C. 1446a-1) may be used to meet the requirements of programs providing nutritional services in accordance with the provisions of this title.

APPROPRIATIONS AUTHORIZED

SEC. 708. For the purpose of carrying out the provisions of this title there are hereby authorized to be appropriated $100,000,000 for the fiscal year ending June 30, 1973, and $150,000,000 for the fiscal year ending June 30, 1974. In addition, there are hereby authorized to be appropriated for such fiscal years, as part of the appropriations for salaries and expenses for the Administration on Aging, such sums as Congress may determine to be necessary to carry out the provisions of this title. Sums appropriated pursuant to this section which are not obligated and expended prior to the beginning of the fiscal year succeeding the fiscal year for which such funds were appropriated shall remain available for obligation and expenditure during such succeeding fiscal year.

RELATIONSHIP TO OTHER LAWS

SEC. 709. No part of the cost of any project under this title may be treated as income or benefits to any eligible individual for the purpose of any other program or provision of State or Federal law.

MISCELLANEOUS

SEC. 710. None of the provisions of this title shall be construed to prevent a recipient of a grant or a contract from entering into an agreement, subject to the approval of the State agency, with a profitmaking organization to carry out the provisions of this title and of the appropriate State plan.

Mr. BRADEMAS. The Select Subcommittee on Education of the Committee on Education and Labor, House of Representatives, will come to order for the purpose of conducting an oversight hearing on the Older Americans Act of 1965 as amended.

The Chair ought first to say how very pleased my colleagues on this subcommittee and I are to be here at the Ethel Percy Andrus Gerontology Center on the campus of this great university.

I should also introduce my colleagues who are here in California today. On my right is my distinguished Republican colleague from Idaho, Congressman Orval Hansen. Next to him is the distinguished Republican Representative from California, Congressman Alphonzo Bell. On my left is my distinguished Democratic colleague from Miami, Fla., Congressman William Lehman. On his left is the staff director and counsel to the subcommittee, Mr. Jack Duncan. On the far right is Mr. Charles Radcliff, the minority counsel to the Education and Labor Committee.

The Chair wants to say how pleased he was to have been able to be present in February for the dedication of this magnificent center and to take an opportunity as well to express the appreciation of our colleagues, to Dr. James Birren, the director of the center, to Miss Linda Ross, to Dr. James Peterson, and, indeed, to all of the members of the staff at the Andrus Gerontology Center for their efforts in helping and making arrangements for these hearings.

In addition, the Chair wishes to express a particular word of appreciation to Leonard Davis who has done so much to make this center possible and to his associate Mrs. Marion Goodman for the contributions they have made in helping to make possible our visit to California.

One might point out as well that we are opening our hearings, not in a vacuum, but in the context of some legislative developments that can have the most profound impact on Federal legislation affecting older citizens as well as, in particular, affecting research and establishment of centers of the kind of which the Andrus Center is an example.

I refer, for example, to the Older Americans Services Amendments bill, approved by the Senate only a few days ago, which, hopefully, will come again before the House of Representatives in the very near future.

You may recall that this bill, which includes authorization for increased support of research on problems of the aging and of multidisciplinary centers in gerontology, was vetoed by President Nixon last October after Congress had adjourned and we had, therefore, no opportunity to vote an override.

You might recall as well that just 2 weeks ago the President vetoed another measure which was produced by the subcommittee that is of significance to many older Americans; namely, the Rehabilitation Act of 1973 which would have extended the 52-year-old Vocational Rehabilitation Act and provided certain other changes in that program.

Hopefully we shall be able to fashion a bill which will continue to win the support of both Republicans and Democrats in the House of Representatives and the Senate and which the President will sign into law.

There is another development of concern to a number of us that affects aging research, and I refer to the budget requests of the Presi-

dent for fiscal 1974 which would reduce the already inadequate training budget for the Administration on Aging from $8 million in fiscal 1973 to zero in fiscal year 1974. Moreover, the proposed 1974 budget would also slice $1 million from funds for aging research and training in the National Institute of Child Health and Human Development.

So we are, to reiterate, meeting in the context of important developments for elderly Americans and for research on their problems.

I want to make clear that in touching on these points I do not do so for purposes of embarrassing my distinguished Republican colleagues on this subcommittee, for they have been among the staunchest defenders of legislation to help older citizens in our society.

Now, we are going to hear from a very able group of witnesses today, and I think they have already been advised that since our time is limited and the witness list is long that it would be most helpful to the subcommittee if they could summarize their obviously very carefully prepared statements, all of which will be, without objection, included in the transcript of the hearings. If they would summarize that would give us an opportunity to put questions to the witnesses.

Mr. BRADEMAS. We are very pleased first to hear from Dr. James E. Birren, the director of the Ethel Percy Andrus Gerontology Center. Before I call on Dr. Birren, however, I would like to yield to my colleagues in the event any of them wishes to make any observations.

Mr. Hansen?

Mr. HANSEN. I would echo the chairman's appreciation for enabling us to hold hearings here this morning. I concur in virtually everything he said and share the disappointment in that we have not reached agreement with the administration on some of these important measures.

I think to put it in proper perspective, however, it is useful to note that over the last few years as a result of cooperative efforts by the Congress and the administration we have made some progress in levels of funding for programs for the aged overall. The budget request is something on the order of $250 million this year compared to an appropriation of about $20 million under the Older Americans Act for 1970. This suggests that there is a need and that need continues, and I am hopeful that we can reach agreement on measures to respond.

Mr. BRADEMAS. Congressman Lehman?

Mr. LEHMAN. Thank you, Mr. Chairman. It's a real pleasure to be here. We also have present Mrs. Florence Mahoney, wife of Daniel Mahoney, who has come all the way from Florida, and I had to come all the way to California to see her again. So, as I say, I'm happy to be here.

Mr. BRADEMAS. Mr. Bell?

Mr. BELL. Mr. Chairman, I could not add anything to what has been said, except to welcome all of you to California, particularly the Los Angeles area, and to say what a pleasure it is to have the opportunity to discuss this very important subject today; and I am most anxious, as is the Chairman, to hear the comments of the witnesses.

Mr. BRADEMAS. All right, Dr. Birren; we all look forward to hearing you, sir.

Dr. BIRREN. Thank you very much.

[The statements referred to follow:]

STATEMENT OF JAMES E. BIRREN, PH. D., DIRECTOR, ANDRUS GERONTOLOGY CENTER, UNIVERSITY OF SOUTHERN CALIFORNIA

The Programs of the Ethel Percy Andrus Gerontology Center of the University of Southern California

I want to provide a brief historical sketch about the Center and the background of thinking that has gone into it. In the early 1960s retirement communities were being built in Southern California that were arousing considerable interest. The builder of some of these, Mr. Ross Cortese, encouraged the University to establish an Institute for the Study of Retirement and Aging in 1964. With funds that Mr. Cortese provided, a faculty committee appointed by Dr. Topping, then president, began to recruit a director for the Center and to initiate planning. The search committee was a university-wide committee reflecting the fact that the issues involved in human aging are broad in scope. I am happy to say that the search committee approached me in the Fall of 1964 with the thought of my coming here to Southern California to head the new Center. By the Spring of 1965 I had met with the faculty and administration of the University and the decision was reached that I should become the first director of the fledgling Rossmoor Cortese Institute for the Study of Retirement and Aging on September 1, 1965.

You will note that I did not say that I met with students along with the faculty and administration when I visited the University. This was because there were no students in gerontology at that time! Not a single one. This determined for us the first priority, graduate training in gerontology, so there would be students prepared to go out and teach and carry out research on the processes of aging. In addition, we hoped that our students would continue the pioneering role of Dr. Andrus and fan out across the country to establish more centers for research, training, and community projects in gerontology. Until there is at least one gerontology center in every state and at least one teacher at every university and college in this country who is expert in the subject matter of aging, we can hardly rest.

As I said, the first priority of the center was training and in April 1965 we began planning a training program with the faculty. This was partly done in the old wooden house across the street from the present Andrus Center building. There was one employee, Miss Linda Ross, and with the cooperation and assistance of Dr. James Peterson who was Chairman of the search Committee for the Directorship, the first training grant application was developed which we submitted to the Federal Government. In December 1965 we received an award from the National Institute of Child Health and Human Development for scholarship funds and faculty support. This is still the basis of the present graduate program, it had its basis in faculty planning in 1965.

To house the new institute, the University undertook to modify space in a building at 3717 Grand Avenue. When I arrived on Labor Day we had freshly painted quarters there. The building had been obtained by the University from Mr. Hoffman of the Hoffman Electronics and Television Company. Much was done to make the building livable and the staff of the center grew rapidly to fill the space the University provided.

As head of the Institute, I reported to Dr. Tracy Strevey, Vice President of Academic Affairs, and he guided me through the early problems of starting the Center. It was by forthought on the part of the University that I reported directly to the senior academic vice president. In this way the institute was on neutral territory within the University and it would not become the exclusive property of one department or one school. Territoriality is a fact of life within universities as it is with the world of business. My role was viewed as that of infecting the schools and departments with thoughts about their potentials and responsibilities in the field of aging. I was to "gerontologise" the departments to some degree since it seemed ridiculous to duplicate the training, facilities, and professional backgrounds of the other schools and departments. The goal was, for example, to make social work more self conscious about what it should be doing in relation to aging. Similarly, medicine, public administration, and architecture among others had a role to be pointed out. The sciences, too, needed an awareness of the pioneering state of their subject matter in aging. Biochemistry, cellular biology, psychology, sociology, anthropology and others had not activity in research or teaching about aging at that time. Among other fields we now see roles also for economics, political science, and demography. I think in this area the Center has an impact.

I would like to point out that research on the psychological and social issues of housing for the retired was one of the first research areas for the then Institute for the Study of Retirement and Aging. Drs. Peterson and Hamovitch headed those studies. Dr. Maurice Hamovitch was our first Director of Training. He was then called to become the Dean of the School of Social Work. While we were sorry to see him go we were pleased with his expanded responsibility. The Institute itself was continuing to expand as well. The bringing together students interested in aging was a big factor in bringing vitality and optimism to match the ambitions we all held for gerontology at USC. The students hold not only their own futures in their hands but some of ours as well in their studies, research and service will affect many of our lives.

It was becoming obvious in 1968 that the name of the Institute should be changed to reflect our broadening perspective on aging. It was decided in 1968 to embrace the Rossmoor Cortese Institute for the Study of Retirement and Aging in a more broadly conceived oganization to be named the Gerontology Center. The good work was carried forward into the new Center. By then I was working closely with Dr. Milton Kloetzel, Vice President for Academic Affairs as Dr. Strevey had retired.

We were fortunate to be selected by a committee on the AARP and NRTA to constitute a memorial to Dr. Ethel Percy Andrus. I still remember the visit by the chairman of the Committee, Dr. Verna Carley when she came to look us over in 1968. I am pleased that we passed the scrutiny of Dr. Carley and the other members of the Committee. The associations then made the magnificent pledge of $2,000,000 to construct the building we dedicated February 12, 1973.

The future of gerontology is now ours to make. What more can we ask that the retired have with their contributions placed in our hands the tools and the encouragement by their good will? This has given the Universtiy a challenge, a challenge that can only be met with productive research, education, and service. I don't perceive any generation gap in our ambitions and expectations.

One of the things that maturity brings with it is a sense of interpreting the present in terms of the history which led up to it. That does not by any means imply that what has been must always be. What *was* in aging in past generations *is* not what has to be now. I would like to reflect on the past for a moment lest we fall into what I call the *Garden of Eden hypothesis*, that things were better in the past and we have fallen from a better style of life. Not many of us would like to go back to the 1920's, I suspect, with no social security, no health insurance, and no antibiotics. Three generation families were then common because if the breadwinner was unemployed there was often no income and families had to double up. Three generations doubled up in many cases because it was a way of adapting to need, not because it was the best way of life they could think of.

In the 1930's children and adults still died in large numbers from tuberculosis, influenza, pneumonia, and other infectious diseases for which there were no antibiotics. People grew up with vitamin deficiencies because we were just beginning to discover these essentials in our diet. In that period Nobel prizes were won in medicine for the discovery of vitamins. At the end of the nineteen thirties, many far sighted medical scientists could see that we were at the end of the period of major mortality from infectious diseases and social scientists were seeing the impact of social security. In 1939 the first edition of Cowdry's Problems of Aging was published. In the Spring of 1941 the U.S. Public Health Service sponsored a conference on mental hygiene of later life. There was indeed a special interest in aging at that time but it was shattered by the events of World War II. Wars have been fought by young men and the consequences of wars require that houses be built and factories rebuilt until the time comes when one can again think of how life might *be* rather than how it *is* or *was*. We have just concluded another long war that has by necessity given emphasis to things remote from what can be. The young fought this last war, as all others, and since they have been in universities in large numbers it is only natural that their uncertainties were expressed on campuses the way the young have felt about events. During our recent past there indeed seemed to be a generation gap. But I don't see a split between the generations now ahead of us. The students are deeply concerned with what might be throughout our life span and aren't we all?

At this still pioneering stage in the sciences studying aging, much research has to be devoted to *what is*. Perhaps the social scientist may have to take into account more of the history of our society and our many cultural and ethnic origins than the biologists but they have the common need to tell us *what is* the nature

of aging. What is aging at the levels of molecules moving about in cells of our vital organs? Profound questions still face the scientist at all levels from the molecular to the social in defining the nature of aging as it is now. From this will grow clear forecasts about what can be. Forecasts about the control of age associated disease because we understand the basic biological changes associated with advancing age will be better based than those we now make. Similarly forecasts about better mental health and more satisfying styles of life will all come from studies about the nature of aging as it is at present.

The scientists, I am certain, all share the perspectives of Dr. Andrus that what *is* does not always have *to be*. Confusion can enter if we believe we can go directly from science to describing what ought to be. What I have done is to describe the different tenses of science: the past tense, what was true about aging in the recent and ancient past—this we need if our science is to be mature. The next tense is the present tense, what is aging like today in its many big and little facets. The future tense of aging that grows from our science and education is *what can be*. We have heard something of these three tenses. I would like to add a fourth one on this occasion, *what ought to be*. This I will call the future perfect tense and it is the tense that is most confusing to us.

Assuming that the research and education in this Center, and hopefully in many other centers as well, will show us clearly what can be true of aging in the future, do we go directly to action in the belief that this is what ought to be? Efforts in medical technology that can prolong the lives of terminally ill persons is an illustration of an area where there is disagreement that *what can be* is not necessarily *what ought to be*.

The future perfect tense, what ought to be in aging, is generally the province of politicians, legislative bodies and religion. Religion is the depository of the future perfect tense, the collection of values that leads to the definition of what should be in society and what should be in our individual behavior. In the area of aging, religion has often been more preoccupied with children who would use them less than a day-a-week and not provide space and programs for the retired. Perhaps a coming generation of religious leaders will single out the issue of aging for more direct concern and get reflecting more deeply about *what ought to be in aging* and prepare us for the choices we will be having to make in the coming years.

The practical matters of what ought to be in society is the subject matter of debates in our legislative bodies. At the present time the executive branch of the federal government and the congress are debating what ought to be. The process by which the legislators get their information from the fact gatherers is, however, a muddy market place. Many are purveying facts as lobbyists for vested interests. Some times an inspired scientist goes directly to gain the ear of a listening congressman. How do we filter what scientists tell us *can be* from what *ought to be*. In this regard we as citizens should improve our roles. In particular, the retirement associations have increased their role in thinking about *what ought to be* in the light of the possible what can be.

The role of the University is to discover and describe *what is* at the level of natural and social science. Its next role is to inform the public about what can be. I don't believe, however, that the universities' role is also to say what ought to be. That is the domain of public opinion, our political system and our religious institutions. It is possible that universities should give more thought and study to the formation of public policy in the field of aging. How does society go from facts about the biology, psychology and sociology of aging to the formulation of reasonable policy upon which laws will be enacted. Perhaps if we understood this process better we might decrease the lag time between discovery and application. We would also make more efficient our investment in research.

In conclusion I would like to say I am uneasy about the lack of Federal participation in the field of aging. Why is it that the Andrus Center had to be built without a single dollar of Federal money. While this is something to be proud of the question arises as to where the private and public partnership comes into the picture.

In a few years, 1980, this University will be 100 years old. Perhaps then we can have a convocation on the nature of mankind, his development and aging. A new theme for the next hundred years perhaps will become that of the greying of the University, the presence of middle-aged and old scholars along with the young. Education and learning is too exciting to leave exclusively to the young who often feel that they have to do it rather than want it.

By the year 2000, the year in which the Center's time capsule will be opened, we will, I am certain, see the University much more involved with research and education about what can be for human aging.

CENTERS ON AGING: FUNCTIONS AND CRITERIA FOR EVALUATION

The need

The White House Conference of 1971 identified a wide range of human problems related to the processes of aging. The various problems associated with the aging and the aged have been found to have "an iceberg" quality, that is, there is a much greater problem mass beyond our immediate visibility than was suspected in the past. It is anticipated that there will be more emergent problems identified as we begin to examine the influences on the lives of older persons in greater detail.

It is becoming apparent that the field of aging is one that requires a long-range commitment on the part of government and educational institutions. The lack of progress between the White House Conferences of 1961 and 1971 in training scientists, professionals and educators on problems of aging requires a vigorous response. Trained personnel of various types and levels are increasingly required to maintain and improve the physical, mental, and social well-being of the retired and older members of society.

New administrative concepts and arrangements are called for to extend our scientific attack on the aging processes and the problems of old age. New research and training facilities are required in our institutions of higher learning. These should encompass laboratory investigations as well as demonstration and field studies. For a variety of national issues it is desirable that the Administration on Aging establish centers on aging within selected institutions of higher learning. Ideally these centers might have a flexible pattern of organization depending upon particular local resources, strengths and regional needs.

Rationale for centers on aging

University based Centers on Aging will provide a dynamic and cohesive setting within which research and training bearing directly on problems of aging can be conducted. In addition, the knowledge gained through research in a center can be more directly put to use to benefit the older population than is now possible. Centers on Aging will give focus and visibility as well as provide a more efficient approach to research, training, and application. At the present time there is an undesirable imbalance in research, training and utilization of research achievements for the aged. While it would be a serious mistake to assume that the only major contributions to study and service in aging will come from centers that now exist or that will be created, it is also apparent that our decentralized or segmented approach to support of training and research has not been optimally efficient.

The current low level of support of research and training remarkedly restricts our capability of improving the well-being of older persons and hope for controlling the processes of aging in future generations. Thus the creation of mission-oriented centers on aging will bring together in universities an appropriate range of types and number of scientifically and professionally qualified persons for significant research attacks on problems of aging. Not only should the proposed centers be multidisciplinary but they should also provide opportunities for professional training in the utilization of research information.

Efficiency of centers

The creation of Centers on Aging in universities enables concentration of effort with reduced costs to the individual institution and to taxpayers. The support of isolated investigators and scholars and professional persons, while desirable and necessary, their independent efforts requires a duplication of facilities of a wide range, libraries, data banks, computers, animal facilities and consultation. Closely related to this is the issue of quality control. The independent investigator does not receive the day-to-day comments from scientific and professional peers. Focusing responsibility in a center makes the activity more manageable not only on behalf of the university but also on behalf of granting agencies.

Perhaps more important than some of the preceding issues is the fact that the creation of Centers on Aging in universities provides for a coupling of research, training and services. Research projects isolated from training, while

resulting in new knowledge do not offer valuable opportunities of training a cadre of investigators for the next generation. It is therefore most effective to encourage research projects to provide training opportunities for graduate students and professionals. Furthermore, the applications of research can more readily flow from institutions that have major centers on aging. A major activity could potentially be a separate component devoted to the application of research. Also centers can exploit opportunities to provide information to the general population and to serve as an information source in the region of the center. All of these activities are complementary and permit the development of well trained scientists and professionals who will staff future research, teaching and service institutions.

Stage of center development

University Centers on Aging can be distinguished according to their stage of development. The stage of development is usually associated with the length of time the center has been in existence but the association of time to stage of development is not rigid.

The early stage of development from two to four years is often marked by the appointment of a committee by a senior academic officer of the university. Frequently the committee arranges a noncredit seminar to be addressed by visiting faculty. Such a committee is often given the responsibility for developing plans for approval by the various academic committees and administrative offices of the university. Often in this stage there is no faculty member who is fully occupied by teaching, research, or administration on problems of aging. University budgetary commitment at this stage consists of underwriting the expense of the committee and the development of plans. Criteria for evaluation of the quality of an institution and its growth potential at this stage depends upon the strengths of the leadership personnel, their commitment to the field, and the nature of the responsibilities delegated to the committee or individuals by the administrative officers of the university. At this stage, small planning grants are obviously the mechanism of choice to bring the institution to a further stage of development.

The middle phase of development of a Center on Aging, from three to ten years, is marked by a small cadre of faculty whose full time efforts are devoted to research and training in aging. The small number of faculty usually have special space within the university that is known as the center where these activities are conducted. By this stage the universtiy has committed itself to a portion of hard core budgeting for the center. Staff member have joint appointments in existing departments or schools independent of the center. At this stage the university begins to plan special teaching and research facilities.

The late stage of development of a Center on Aging, e.g., about ten years, is marked by a transition from a committee governance structure to a full time permanently organized administrative and faculty staff. At this stage the center is given authority for making its own tenured faculty appointments as well as a specific line item in the budget of the university. Administrative personnel of the center have appropriate ranking on the academic committees of the university. In this stage the center may readily have a status akin to that of a school for the recognized faculty and curriculum.

Objective criteria

Criteria to be used by committees in selecting universities as sites for Centers on Aging involve an estimation of where the university is in the stages of development of its activities in aging. Over support of an early stage center is as inefficient as it is to limit the support of an advanced stage center that is prepared to take on increasingly greater responsibilities. Included in the objective criteria should be the number of faculty and the senior administrative officers of the center. Examination of their biographical backgrounds will indicate the extent to which their training and careers have been in the field of aging, including the quantity and quality of publications on research, teaching, professional activities and services in the field of aging. Also the biographical material should reveal the extent to which the faculty have participated in courses on aging as students or teachers at the undergraduate or graduate level. Individuals can thus be judged as to the quality and appropriateness of their background and to the extent to which they are committed and will likely continue to pursue a career in the field of aging. A center can be no better than the quality and commitment of the investigators, teachers, and professional members of a center.

The acceptance of the staff by their peers in national societies is an indication of their quality. The amount and quality of past and on-going research can be judged by a peer review and is an indicator of stage of development and future potentials.

Assessing the stage of development also involves the level and range of courses being taught by faculty of the center. Interviews with students taking courses can lead to estimates of the quality of activity as well as quantity of activity. The number of students trained at different levels is also a relevant criteria. How many students has the institution trained in the last five years? How many students are there in the various courses and pursuing graduate and post-graduate training? Furthermore students receiving degrees at the center can be followed in terms of their subsequent career outcome. What have been the types of jobs that such students have obtained after graduation?

Subjective criteria of centers

Subjective estimates of the potentials of a center for further development involve estimates of the quality of leadership in the center and the enthusiasm and commitment on the part of the university administrators including the Board of Trustees. Their enthusiasm should be examined from the point of view of whether it grows naturally from a longstanding informed position or whether it derives from budgetary opportunism to get abroad a current issue without the supporting skills and background in the faculty and administrative positions. Also, do research, training and service on aging fall naturally to the institution because of its location, student body, composition of faculty, and nature of its facilities? Other subjective estimates involve the enthusiasm expressed for the subject matter by the undergraduate students, graduate students, and deans and department heads in the university. How enthusiastic are such university groups for the existence and development of the center? Is the center only a cultivated enthusiasm on the part of a few administrators with the faculty and student body of the university either neutrally uninformed or possibly even hostile to the development of the new center? Other issues involve the likelihood that the Center on Aging can in the future compete successfully with other priority areas of the university. Does the administration of the university have an explicit statement of priorities showing the ranking of the Gerontology Center along with the other units?

Scaling of the size of center grants clearly must be in terms of the capability of sinstitutions to manage funds efficiently and productively. It is obvious in the foregoing that the estimations of capability and quality of a Center on Aging has to be defined in terms of its stage of development. Some portion of the funds granted to a center should be for the expansion of its capabilities. However, the presence of a high quality academic base should always be a prerequisite for an expansion factor in which the government agency might participate with the university in the development of facilities, personnel and research.

In the review of Gerontology Centers, the following additional questions should also be considered:

(a) Are the Center's objectives consistent with the aims and goals of the University?

(b) Does the quality and creativity of the leadership and participants give reasonable confidence that objectives of the Center can be realized?

(c) Does the financial viability of the enterprise seem reasonably assured?

(d) Are the requisite capabilities generally available on the campus?

(e) Is there a detailed plan which includes specific and measurable goals against which performance can be evaluated?

(f) Have all of the appropriate units of the University been consulted?

In reviewing an established center for continuation or expansion, the following criteria should be considered:

(a) Have the earlier goals and expectations been realized?

(b) How does the quality of the effort compare with peer organizations elsewhere?

(c) How does the quality of the effort compare with other activities in the university competing for the same resources?

In considering the upgrading of a center the following criteria should be considered:

(a) Has the nature of the interface with other academic units changed, or should it?

(b) Has the orientation of the activity changed, or should it?

(c) What is the long-range outlook for the field in the particular university and region?

(d) Is the change in status consistent with budgetary guidelines with respect to the ratio of "hard" university to "soft" agency money?

(e) Will increased visibility reflect favorably on the university and supporting agency?

The Research Program at the Andrus Gerontology Center

LaMar T. Empey, Associate Director for Research

Until very recent times, the average life-span of all mankind was short indeed; aging was not viewed as a serious problem. The serious problems instead were associated with helping people to survive beyond the age of childhood. Not until we became affluent, and not until we conquered a host of childhood diseases, did we then become concerned with the degenerative disorders, and the economic and social problems, that are associated with growing old. Hence, if one interacts with scientists from a host of different fields—biology, sociology, economics, or psychology—he soon discovers that no one of these disciplines really has anything approaching a comprehensive understanding of the aging process. Is there a "normal" biological process associated with aging, or is it disease-like and idiosyncratic in character? In a youth and work-oriented society, what are the social and psychological consequences of growing older? What economic, social and political adjustments will have to be made to account for growing numbers of older people?

Recruitment

As a first step in attempting to answer such questions as these, it has been necessary at the Andrus Gerontology Center to recruit interest from faculty and students in a wide variety of fields—fields in which little interest in aging has been expressed heretofore. In many disciplines, it has been the subject of very little study.

It can now be reported, however, that no fewer than 36 faculty members, representing the fields of anthropology, architecture, biochemistry, biomedical engineering, neural biology, physiology, experimental and social psychology, social work, sociology, and urban planning are now engaged in research on aging in the Andrus Center. Added to this list are 55 current doctoral students whose research will also be concerned with problems of the life cycle. Moreover, from earlier groups of students, 23 doctoral dissertations and 21 masters theses have been produced. Even though this is a pittance in terms of the overall need, more research on aging is represented in these works than all that was produced in our west coast universities combined a few years ago.

Noteworthy by their absence from the above list are such disciplines as economics and political science. While members of these disciplines are not now participating in Center research, they have joined with us in seeking funds by which their research and more of their personnel can be added to our activities.

Communication across disciplines

The second major issue to which our research activities have had to pay attention is the task of cultivating communication and research across disciplines. No single approach, no single discipline can possibly address the complexities of the life cycle. Hence, we are forced to ask, inevitable questions: In what way, for example, can the research of the biologist on the brain functioning of any person be related to the interest of the psychologist in the way that individual behaves, or to that of the sociologist who is concerned with the norms and values that prescribe the individual's expected patterns of conduct, no matter how well his brain functions? To such questions, very few persons have paid attention.

In order to facilitate communication and research across disciplines, we are conducting interdisciplinary seminars and colloquia, as well as those that are related to a single discipline. Although much has been learned, we have discovered that before we can successfully conduct much collaborative research, we will have to learn each other's language, and begin developing some expanded, yet common, frames of reference. More effort and time, not less, will probably have to be added to the nine or ten years of university preparation that already go into the production of a Ph. D. scientist.

Perhaps you would enjoy a little side trip into the scientific jargon of different disciplines so that you might share with us some of the problems we face. By way of illustration, I took some titles from three doctoral dissertations and tried a rough translation of them. Here is a title from one of our physiologists: "An Electromyographic Analysis of Skeletal Neuromuscular Fatigue with Special Reference to Age." Roughly speaking, this investigator was asking, "Why do older men get tired?" Just to indicate that one cannot oversimplify that question, "getting tired" was defined as the "rate of increase of integrated MAP activity brought about by recruitment of additional motor units and/or the increase in frequency of contraction of those motor units in maintaining a constant isometric contraction."

You can see why some of our social scientists have trouble communicating with our physiologists. But sociologists have their jargon also. A recent study was entitled: "The Effects of Generation, Religion and Sex on the Relationship of Family Vertical Solidarity and Mental Health in Lebanon." Translated, that means, "Things aren't so hot in Lebanon either."

It is the biologists, however, who give us the biggest trouble of all. Consider this title: "Changes in Leucine Transfer Ribonucleic Acid and Leucine Transfer Ribonucleic Acid Synthetase During Cotelydon Senescence." A somewhat distorted interpretation of that title means that "Soybeans have trouble remembering also."

The point is that as the boundaries of knowledge are expanded, the task of comprehending and tying together that knowledge into an integrated package will not be a simple task. We are excited by the prospects of attacking it, but we want you to share with us an awareness of its complexities.

In the following sections, these matters will be discussed further as the research studies now underway at the Andrus Center are summarized. Although something is lost in a brief translation, knowledge of the various investigators is of use.

BIOLOGY AND NEUROBIOLOGY OF AGE

In the Neurobiology laboratory, Professor Caleb Finch and his associates are concerned with the function of the nervous system during postnatal development and aging. Their ultimate goals are to understand the developmental changes of humans throughout the life span. Because so many early developmental changes are controlled by the brain through its influence on hormones, it is hypothesized that the brain also contains centers or pacemakers which regulate changes that occur in the aging process.

Current studies employ laboratory mice. These tiny mammals progress through most of the same changes of aging found in humans, but at a vastly accelerated rate: physiologically, a 30-month-old mouse is equivalent to an 80-year-old human.

One very practical question with which Professor Finch is concerned is whether there are any cellular changes in the brain during aging which are independent of such diseases as hardening of the arteries. Is there a loss of function that may be due, not to disease, but to other factors that are a normal function of aging—factors that might eventually be impeded or altered in some way.

Related to such a concern is the study of neurotransmitter metabolism in the brain. Neurotransmitters are keys to the regulation of hormones, and studies from this lab indicate that significant changes occur throughout the aging process. A study of gene activity in brain cells is also being conducted. An attempt is being made to determine whether there are age-related changes in the genes. Finally a study of hormone production by the adrenals and testes, and hormone receptors in the liver and brain, along with the interaction of the receptors with the cell nucleus, is being conducted. Many of the studies just described are funded by grants from the National Institutes of Health.

Developmental biology

In the laboratory for developmental biology, a second body of studies is being conducted by Professors Slavkin, Bekhor, Mooser and Denny. Dr. Harold Slavkin's research activity is primarily in the biology of connective tissues and concerned with the question as to how dissimilar tissues communicate with one another. How do lung, spleen, heart and tooth tissues acquire their specific morphology and functions? How do these tissues become defective?

Dr. Isaac Bekhor and his associates are studying the basic mechanisms for gene expression in developing tissues. They are designing experiments in which

they can study the specific interactions between the non-histone chromosomal proteins and the specific activation or regulation of certain genes critical for development.

Dr. Paul Denny and his colleagues are studying the fundamental mechanisms of fertilization and the immediate mechanisms for synthesizing new protein in order for the embryo to get off to the right start. This information is of paramount significance in understanding basic aspects of the developmental process.

Dr. Gregory Mooser is studying the molecular biology of taste. What are the unique receptor proteins associated with our taste buds, and how do they function for sweet, sour, bitter, or other tastes? Taste is significantly related to aging and affects not only biological processes, but also sociological and economic responses in man.

In addition, these scientists have carried on a variety of other collaborative research activities during the last several years. Some of the studies have been extended to understanding the normal and abnormal acts of vascularization in our bodies with special emphasis on the mechanisms of tumor formation. One question of great importance at this time is how might the clinician inhibit or retard vascularization and thereby inhibit the growth of oncogneic tumors in man.

Many of us are concerned, as we grow older, with an increase in fats in our bloodstream. In yet another body of studies in the biological area, Professor Margaret Morehouse is studying the ease with which fats are digested and absorbed, and the height to which they elevate the blood fats during the processes. Findings from studies such as these are crucial to a better understanding of vascular and organ degeneration.

Human physiology

In the laboratory for Human Physiology and Health Assessment, Professors Fred Grodins and Stanley Yamashiro and their associates are studying the effects of air and other pollutants on the heart and lungs, and methods by which these effects can be assessed more definitively. This work is being conducted in collaboration with the Environment Health Department at Rancho Los Amigos Hospital.

With respect to the heart, a new method is under development by these investigators to allow a better quantification of cardiac muscle strength. They are attempting to define cardiac performance in terms of a minimum set of basic parameters, hoping, thereby, to determine the effects of aging on heart function. These research activities are supported primarily by the National Institutes of Health.

PSYCHOLOGY AND AGING

In the discipline of psychology, neurobiological as well as perceptual and social psychological research is taking place. Professor James Walker is engaged in a research program directed toward an understanding of chemical changes in the aging brain which affect memory and learning. One approach examines cellular changes in those brain regions known to be involved in mediating memory processes, while the second examines the effect of behaviorial states in the aged on memory. This latter approach is an attempt to discover pharmacological relief age-related behaviors which impair memory.

Another line of research in Dr. Walker's laboratory is aimed at elaborating the effect of changes in daily chemical rhythms on behavior of the aged person. This research tests the general hypothesis that many of the behavioral deficits noted in the aged merely reflect the rhythmic bias of the experimenter; namely, that the elderly are forced to conform to daily activity cycles which are inappropriate for them. Were appropriate cycles chosen, results might differ considerably.

Funding for these research activities is restricted primarily to small grants provided by biomedical research funds from the University of Southern California.

Brain function and perception

In his laboratory, Professor Gary Galbraith is using computer and electroencephalographic techniques as a means of studying human brain wave patterns in order to determine age-related changes within the central nervous system. He is concerned with the way the brain is organized and how this organization is likely to affect the perceptual and thinking capacities of older people. Are there differences in the way the brain and the nervous system are organized, and, if so, how do these differences affect behavior?

Professor Donald Kline is concerned with the relationship between aging and perception and with the ability of subjects to receive and process information. Certain types of perceptual experiments, such as "retroactive visual masking" allow the investigator to assess peripheral versus central contributions to the perceptual process.

Social conformity and age

Since we are all social beings, we are concerned with the amenability of different people and age groups to social influence. Professor Ronald Klein is concerned in his research with age differences in susceptibility to influence in a variety of conformity and persuasibility situations. His studies thus far have tended to indicate that older people are more subject to persuasibility, and tend to be more conformist in behavior than do younger groups.

As in Dr. Walker's case, current reductions in funding for research have made these important types of studies difficult to finance. Most of these investigators are reliant on small biomedical research grants from the University of Southern California.

THE SOCIOLOGY OF AGE

Intergenerational relations

In recent years, we have heard a great deal about the "generation gap." In their study of over 400 three-generation families, drawn from a list of almost 800,000 people, a group of sociologists—Professors Bengtson, Black, Ransford, Lubeck and many students have sought to determine the nature and extent of intergenerational similarity or difference in aspects of behavior. The second concern is the degree of family solidarity or cohesion between members of contrasting generations. Do individuals from families with high similarity and high cohesion exhibt a higher level of psychological wellbeing than individuals from low similarity families? Initial data suggest they do: family solidarity is indeed related to psychological wellbeing. Moreover, these data cast doubt on many popular stereotypes concerning the "generation gap"—similarity, rather than difference, seems to be the dominant pattern when comparing parents and children. When asked whether there is a "generation gap" in general, however, most people from all three generations are likely to say that there is; but when asked whether this same gap characterizes their own families, most people say it does not. This research, now in its third year, is funded by the National Institute of mental Health.

Social policy and aging

A second large study, just now being initiated, is concerned with the study of aging as it relates to the formation of social policy. This research is funded by the National Science Foundation, under the Program of Research Applied to National Need. The Principal Investigator is Professor LaMar Empey, with Professors Sally Moore and Vern Bengtson as Co-Principal Investigators. A community research planning committee, made up of interested members of Los Angeles ethnic groups is working with, and advising the research staff.

The first component of this large study is a community survey under the direction of Professor Pauline Ragan. This study will gather data from middle-aged and elderly individuals in three ethnic groups—Black, Chicano and Anglo—in an attempt to highlight the varying cultural patterns of adaption to the common biological event of aging in America. What are the particular problems of these different ethnic groups? How do their kinship and family relations differ? How do they react to, and perceive, a host of pressing social issues: income, retirement, health needs, transportation and housing? Is there evidence of a rising political consciousness among the aged, and, if so, how is it being expressed?

A second component of this large study, under the direction of Professor Patricia Kasschau, involves a survey of societal decisionmakers—politicians, bureaucrats, business and union representatives and professionals—in an attempt to determine how they see and are likely to respond to, the complex economic, political and social issues that are associated with the implementation of social policy. Their perceptions of existing problems and their policies will then be contrasted with the perceptions of elderly people themselves to determine to what degree the two are congruent. Effective policy in the future will require a greater awareness of the extent to which there are obvious differences between needs, as they are defined by important publics, and those who determine how those needs shall be met.

Cross-cultural study of aging

The third component of the NSF study is a cross-cultural study of aging. A team of four anthropologists—Professors Sally Moore, Andre Simic, Barbara Myerhoff, and Jay Abarbanel—will go abroad to Italy, Tanzania, Yugoslavia, and Israel to determine how these people are responding to the problems of aging. By making comparisons among ethnic groups, both here and abroad, it might be possible to sort out those patterns of adaption to aging which are unique to the American experience and those which seem to be of a more universal nature. By noting the policies and practices of others, we might then be in a position to put those of our own nation into better perspective.

New roles for the elderly

A final study that is being conducted by the team of sociologists mentioned above, is concerned with identifying new roles for elderly people and suggesting ways by which they might be brought about. This research is joined with the NSF study and is being funded by a private foundation. This research will operate on several fronts and will be concerned with pinpointing specific opportunities for change, not just with isolating existing problems. The task of suggesting solutions is always more difficult than that of indicating what basic difficulties are. This research will be to the search for alternatives.

THE ENVIRONMENT AND AGING

In the environmental studies laboratory, an interdisciplinary group of architects, urban planners, and sociologists—Professors Pawley, Newcomer, Roberts, Acock, Caggiano, Lasswell, and their students—are concerned with two major sets of problems. In the design of housing for the elderly, or of full-care centers, what forms of architectural design are most likely to produce healthy relationships, a sense of well-being, and personal satisfaction?

Design of full-care retirement centers

In a recent application submitted to the National Institute of Mental Health, Professors Roberts and Acock would seek to examine the extent to which individual adjustment of older people to full-care retirement centers is influenced by the physical characteristics of such centers. Their preliminary investigations indicate that traditional architectural designs may be producing results that are exactly the opposite to those that are desired. Those who are ill and bedridden in such centers are often isolated and alienated, while those who remain well become highly fearful of becoming ill because of their isolation from others. Hence, four specific areas of adjustment that may be influenced by physical environment will be investigated in the new study: isolation, interpersonal cohesion, orientation in a physiological and psychological sense, and the extent to which physical design tends to depersonalize rather than personalize adjustment.

Housing and urban planning

In the larger societal context, investigators in the Environmental Studies Laboratory are concerned with the location and distribution of older people in the community—whether they are integrated with other age groups, or isolated, and whether, through more skillful urban planning, better living arrangements might be designed for them.

Consonant with this need are the findings of a recent study conducted by Professors James Peterson and Maurice Hamovitch, financed by the National Institute of Mental Health. Their concern was with the adjustment of the elderly to housing in a wide variety of contexts: in cheap downtown hotels, in low income trailer courts, in a black church-related housing complex, in individual homes in the city center, and in an affluent retirement community. Somewhat to the surprise of the investigators, it was found that, while few of these disparate groups were dissatisfied with their housing per se, their life satisfaction was not great, indicating that social and psychological factors other than housing were perhaps more important in determining a complete sense of adjustment.

Ethnicity and adjustment in full-care centers

A final projected study in the environmental area is being conducted by Professors Barbara Solomon and Sharon Moriwaki. This project explores the influence of ethnicity on the adjustments of older people in two types of health-care settings: custodial nursing homes, and homes for the ambulatory aged.

More specifically, it examines the influence of ethnic distribution in each setting; i.e., whether ethnic patients are in the majority in the setting, or in the minority, and will seek information in three major areas: (1) on the patient's career through the facility—his perceptions of the quality of care and treatment by staff, his actual behavior, his level of satisfaction and his perception of the significance of ethnicity in his experience; (2) on his family's expectations for care, its level of support, and its perception of ethnicity as significant in the older person's treatment; and (3) on the staff's use of differential criteria in assessing patient competence, its treatment of patients, and the significance of ethnicity in the treatment the elderly receive.

TECHNICAL ASSISTANCE AND RESEARCH UTILIZATION

Gerontology, as an emergent field, is beset with serious problems associated with a fundamental lack of communication between scientists and policymakers, or between scientists and practitioner. Perhaps even more serious, there are significant institutional impediments to an effective use of research findings. Hence, a basic concern of the Andrus Center is with this set of issues. Not only are various investigators within each of the research areas concerned with devoting more attention to these matters, but there are personnel within the center whose primary concerns are with providing technical assistance, with dissemination, and with providing consultation to legislators, planners and policymakers in both the public and private sectors. Moreover, there is a growing body of research concerned with some of the scientific problems associated with research utilization.

Television and communication

In a study under the direction of Professors Richard Davis and Allan Edwards, and financed by NIMH, research is being conducted in the use of television for communication between health-care people and older persons in organized living facilities. Thees investigators are using personal sized colored television sets which have been fitted with equipment to monitor viewing behavior. They are seeking to learn what kinds of programs are most viewed, the times during the day that viewing takes place, and the amount of viewing done by older people.

At the same time, these investigators are asking the staff members of retirement facilities what information they feel is important to communicate to their older populations. As a result of these surveys, an attempt will be made to make some realistic recommendations for creating video tapes which can be used by the developing technology of television communication which will enhance the lives of older people in health-care facilities.

In a similar vane, Professor Dean Black is seeking funds by which to investigate the use of a two-way computer-controlled cable television in service systems for the elderly. The required technology for such services is now available, and experts estimate that it will be in use in the majority of the nation's homes by 1985. This means that all elderly, not just those who are in retirement centers, might be able to benefit from a communication system that would permit them to acquire important information through two-way communication: information on health, nutritional, home repair, transportation or other kinds of needs that are of particular concern to the elderly.

Conclusion

Before concluding, it should be noted that participating with us in some of our research projects, are many interested and helpful community groups—many minority as well as elderly persons. They have spent many hours with us in trying to improve the quality and character of our research. To them, we are grateful.

It is our intention that, as our research findings are accumulated, we will participate with these community groups in seeking the most effective means by which to make those findings of use to older as well as to policymaking groups. They share with us, and the community-educational wing of our Center, in designing programs for the utilization of research, for presenting findings to legislative groups, and for increasing the flow of information outward.

Overview: Research on Aging in the Laboratory of Neurobiology

Caleb E. Finch, Ph. D., Lab Chief

General statement:

Much evidence indicates that biological decline with age is not an inevitable result of the passage of time. Our research objectives are to understand the mechanisms of human development and aging.

Outline:

The following brief contains:

I. Rationale for basic research on aging
II. Research in the laboratory of neurobiology
III. Educational activities in the laboratory of neurobiology
IV. The necessity of basic research on aging
V. Conclusion
VI. List of pertinent publications

I. RATIONALE FOR RESEARCH ON AGING

Why study aging? As biologists, we study aging because virtually nothing is known about the underlying mechanisms of a process which influences and often dominates so many aspects of our life. We wish to learn if aging is similar in mechanism to stages of earlier development or whether there is an entirely new biological principal at work.

More than a century of research has lead, in the last decade, to the indisputable *beginnings of* understanding about how an embryo is derived from a fertilized egg and how the specialized tissues in the body are formed. The major events of early development are well identified—no one believes anymore that a sperm contains a miniature, preformed homunculus. In contrast, the fundamental events of aging are not agreed upon, even by biologists. We do not know which aging changes occur universally in humans throughout the world and which result from local differences in diet, stress, infectious disease, etc. Before aging can be understood, we must identify through careful study those physical changes which are *primary* events and those which are *secondary*. For example, menopause may be a primary event because it occurs almost without exception to women in their 40's everywhere in the world; a type of menopause is also found in short lived rats and mice. In contrast to menopause, loss of memory and intelligence may not be a general or primary event. According to recent research by Wilkie and Eisdorfer, loss of mental performance during aging is strongly correlated with high blood pressure—perhaps the result of a series of small strokes occurs to damage the brain. Here, memory loss would clearly be a change secondary to high blood pressure.

Identification of the primary events of aging requires extensive studies on laboratory rodents which offer some close parallels to human aging changes. Enough is known at present to justify serious study of animal models of human aging (rodents, primates, etc.), since it appears that many of the chronic and degenerative diseases of human aging have counterparts in the spontaneous diseases of aging rodents which can be observed under carefully controlled laboratory conditions. Cancer and diseased blood vessels, for instance, occur spontaneously in certain rodent strains.

A comment on the relation of gerontology to the disease research program of the NIH: billions of dollars have been well spent investigating aspects of cell function which may be underlying causes of the diverse degenerative diseases of aging (cancer, heart disease, arthritis, Parkinson's disease, etc.). Now it is time to study these diseases in their proper biological context of the *changing physiology of middle age*. Many diseases, including cancer, may prove to be secondary consequences of the changes in physiology at this age. It is entirely possible that endocrine changes cause many diseases of aging in specific organs. If so, operations such as heart transplants could not have lasting value. To put it in other terms, it makes no sense to keep replacing fuses when an electric circuit has a short in it. Thus, the fundamental mechanisms of some diseases of aging should be sought by an intensive study of the aging process in *relation to disease* in humans nad animal models.

II. RESEARCH IN THE LABORATORY OF NEUROBIOLOGY

Our research has focused on how aging affect brain cells. We consider the brain to be potentially crucial to aging because of the irreparable damage which may occur after stroke in humans and also because the brain contains the control centers regulating activities of organs throughout the body. We have proposed the hypothesis that the brain contains the pacemakers or clocks of aging for the time of incidence of many diseases and changes of aging.

The studies of the chemistry and metabolism of the brain are based on a colony of aging mice. These mice are unusually long lived (30 months, average) and we have learned a great deal about their pattern of aging and their spontaneous diseases (see enclosed bibliography). Our studies demonstrate clearly that there are indeed changes in brain cells with age. (Incidentally, it is clear that gross loss of brain cells does not occur during aging in mice, and despite the common assumption, nerve loss may also be insignificant in most areas of the human brain.) One of the more intriguing findings is a decrease in the neurotransmitter *dopamine* in old mice. Such a change also occurs in Parkinson's disease. Until now, it was not known (or even considered!) how much of the chemical changes found in Parkinson's disease were the result of aging and how much due to the disease itself. Here is a good example of the use of an animal model to clarify an important point about a human age-related disease.

We have also found metabolic changes in hypothalamus, a center of the brain which regulates hormones of the pituitary. Thus, it is possible that aging changes in a small region of the brain could have consequences throughout the body, which are mediated via hormones.

Another major question which we want to approach is the extent of hardening of the arteries (or arteriosclerosis) in the mouse brain. Preliminary studies indicate that this widespread disease of humans is not appreciable under our conditions of mouse colony care. If further study proves this true, then gerontologic studies of the mouse may be a valuable way of identifying changes in the human brain which are not related to the ubiquitous hardening of the arteries. A grant proposal for these studies was recently approved by the NIH but has not been funded because of cutbacks. This grant is necessary to finance equipment and staff to pursue this project.

III. EDUCATIONAL ACTIVITIES

Our laboratory also serves as a teaching and training facility on several levels.

1. Graduate and postgraduate education: at present there are four full time students who are becoming experienced in ways to study aging. These students are also very active in giving many seminars and leading discussions on gerontology and its social implications around the Los Angeles area, as well as at U.S.C. It is therefore of utmost importance that training fellowships be continued.

2. Numerous private citizens, scientists, and industrial representatives have visited our lab (over 200 in the past six months) or corresponded with us to clarify points of information about aging. We regard scholarship and evaluation of data on aging to be part of our basic responsibility.

3. We have also helped develop a series of advanced level courses in the biology of aging which are presented in our summer institute. These short intensive courses on specific topics make it possible for a scientist to acquaint himself with an area of gerontology with minimal commitment of time and resources. We anticipate that these courses will assist in the developent of areas of research which are presently unknown to many scientists outside of gerontology.

IV. THE NECESSITY OF BASIC RESEARCH

Our laboratory emphasizes the basic research aging in man and other mammals. A focus on fundamental mechanisms is essential in an area about which so little is known. As basic researchers, we are able to serve as impartial authorities and evaluators of information for the numerous future projects and studies of an applied nature in which great political pressures may be exerted. The future of research in this field, which abounds in political, social, and economic ramifications, depends to an unusual extent on securing protection and support so that laboratories, such as ours, can operate without pressures of

immediate relevance. One has only to recall the disasters, (still felt) which befell Soviet agriculture and genetics under Lysenko and Stalin to judge the importance of laboratories for basic research to the field of aging as well as to other areas of scholarship and science.

V. CONCLUSION

The data vacuum that surrounds the biology of aging is an indication of the relatively little basic research in aging at present. We have the tools and technology and the questions are clear. There is an undercurrent of excitement in our laboratory because the need is great and the time is right. Through strict pursuit of basic biological research, there is little doubt that aging will be understood. Any new knowledge about the causes of chronic diseases and degenerative changes of middle and older age will have great bearing in maximizing the potential for a vigorous and useful life.

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The Study of Generations and Mental Health

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The Study of Generations and Mental Health represents the first large-scale social-psychological investigation regarding the nature and extent of differences between generation.

Over 2,000 individuals have participated in this study. These are members of three-generation family lineages of adults: grandparents, parents, and their adolescent or young adult grandchildren. Families were contacted through a health plan servicing many labor unions throughout Southern California; it is, therefore, a "middle America" sample of respondents.

This program of research is funded by the National Institutes of Mental Health. The general goals of the research are three-fold:

1. To assess the nature and extent of differences or continuities between three generations.

2. To investigate the nature of solidarity between generations: the integration or cohesion of family members across generational boundaries.

3. To examine the antecedants of generational differences (why are there greater generational differences in some families than others?) and some of the consequences, particularly in terms of mental health of family members.

We are now in the data analysis phase of this project. Some of the findings are indicated in the attached document, which was a report we mailed to our respondents. Other suggestions coming from the study are summarized below.

1. Alienation and age

Alienation has been a focus of much social-psychological investigation in recent decades. However, no research to date has carefully examined the relationship between age and alienation. In a dissertation based on data from the project, Dr. William Martin, explored the degree to which alienation in various social contexts varied according to generation. To what extent are the elderly alienated, and in what ways, compared to youth.

The most general findings of this research is that there is a curvilinear relationship between age and alienation scores. That is, both the youth and the elderly generation have high overall alienation scores. However, the social context of alienation differed markedly between generations. Youth reported alienation more from the religious and family institutions, while the oldest generation sensed greater political and economic alienation. The youth manifest their feelings of alienation in self-estrangement and social isolation, while the alienation of the old was manifest in feelings of powerlessness and meaninglessness.

In short, the middle-aged are the least alienated; the old and the young experience similar levels of alienation, and the generations differ markedly in terms of the social sources of that alienation.

2. Attitudes towards the legitimacy of tax-based welfare aid

In another dissertation (carried out by Dr. Archie McDonald) the focus was on attitudes towards public support for poor people of various social categories (including older people). Some of the findings were surprising when age differences were taken into account.

The parent generation—the middle aged people who bear the burden of welfare intervention—actually accorded higher legitimacy to welfare intervention than did either the grandparents or the grandchildren. The age group least in support of public intervention on the behalf of poor persons (of various categories) was the oldest generation.

3. The "generational stake"

The "generation gap" has become a cliche of the mid-20th century. From the mass media one obtains a picture of substantial and irrevocable differences between the young and the old. We asked our respondents what their perception of that gap is, and how the generations got along in the respondents' own family. The data suggest that our respondents *do* tend to see a decided "gap" between generations in the broader society today. The grandchildren see the greatest gap, but the grandparents are close behind them; the middle-aged parents see the least gap. However, our respondents perceive much less of a gap between generations within *their own family*. In all three generational groups, the participants seem to be saying—yes, there *is* a gap between age groups, but not in *my* family.

The younger generational group sees the largest gap, both within and outside the family. The grandparents perceive the least gap in the family context, and the parents are intermediate.

Our findings indicate that youth tend to maximize the difference between themselves and their parents, while parents minimize such differences. Young people tend to see greater distance between themselves and their parents, greater difference, and less close ties. The parents see higher similarity, closer ties, and less of a generation gap.

To account for these differences, the theoretical construction of a "developmental stake" was proposed by (Bengston and Kuypers, 1972). For the middle generation, the perspective for evaluating generational relations concerns the issue of establishing and maintaining *continuity* over time. Their view of conflict between generations, therefore, arises from the fear that youthful exploration, unless guided and controlled, may threaten the continuity of society.

By contrast, for the younger generation, the perspective for evaluating generational relations stems from their own needs of individuation, change, and *emergence*. Conflict arises from their fear that the middle generation will restrict and delimit their development.

For both generations, perceptions across age boundaries may be characterized by myths: for the middle-aged, a myth of loosing continuity: for the youth, a myth of loosing the chance to develop and create their own system. In the sense that both generations over-emphasize these possibilities, the generation gap also has the character of a myth.

The oldest generation appears to have lost some of the anxiety surrounding estimations of inter-generational relations. They perceive their relationships with grandchildren as being only moderately close, but satisfying; relations with their middle-aged children are perceived as slightly more close. Other evidence suggests that relationships between adjacent generations (grandparents and parents, parents and youth) are fraught with greater anxiety and concerns about the "generation gap" than are relations between alternate generations (grandparents and grandchildren). The old and the young may indeed be "generation gap allies."

4. Generational contrasts in religion

Many people believe that there is substantial age differences in religiosity. In our study, we asked questions concerning church attendance, devoutness, and religious beliefs. Our data suggest that only in the belief items do there appear to be any substantial generational differences.

It is often suggested that young people attend church less frequently than their elders. However, 32% of the grandchildren said that they attended church twice a month or more, and 34% of both parents and grandparents reported church attendance frequently. Those who said they never went to church were 39% of the grandchildren, 23% of the parents, and 38% of the grandparents.

In terms of orthodoxy of religious belief, there were major differences between the generations with respect to all of the belief items. The differences are basically in the same direction: older generations tended to agree more with traditional statements of belief than did the youth generation. Interestingly the largest differences here are between the middle-aged parent and the aging grandparent on most items. This suggests that a noticeable "generation gap" exists between the two *older* generations—an issue not often recognized in discussions about generations.

5. Political preference and activities

The results of our generational comparisons on political attitude and activities reveal some interesting facts. At each generational level, the number in our sample preferring the Democratic party is greater than the number preferring the Republican party. Members of the grandparent generation prefer the Democratic party by almost two to one.

The same is true of the younger generation. This is in part accounted for by the fact that our oldest generation was recruited from a medical care plan serving many large labor unions. In short, they have been Democrats all their lives.

We also asked our respondents to tell us whether they considered themselves liberal or conservative. Here there *were* striking generational differences. Most of the young adults considered themselves more liberal than conservative (69% to 31%). The other two generations were virtually identical in their self-rated liberalism: they considered themselves more conservative than liberal by a margin of 55% to 45% in the parent generation and 57% to 43% in the grandparent generation.

6. The significance of these studies

The study of generational differences and their consequences represents an investigation into a social problem of considerable relevance to health related research today. To judge from the mass media and the statements of some of our national leaders, one of the major issues of today is differences between age groups and the rebellion of youth against the institutions constructed by the mature. Similarly, a significant assumption in the research on family dynamics in the mental health literature is that a close relationship between parents and child is conducive to psychological well-being of both family members.

We are attempting to investigate these relationships. In general, we are finding that family members of all generations report a significantly close and warm inter-generation relationship. In terms of mental health, it appears that family solidarity is even more important for the younger generation (commonly assumed to be rebelling against their parents) than it is for the older generations. We are finding that feelings towards grandparents are socialized (that is, medi-

ated by the parental generation) independently of the frequency of contact. This suggests considerable implications for grandparenthood as a salient role for the aged.

In summary, we are finding that many of the popular assumptions concerning the generation gap must be viewed with considerable caution. The fact that a "gap" is often perceived between generations is more easily understood when one recognizes the need of young people to maximize differences in terms of establishing their own identity, and of the middle-aged to emphasize continuity. The central message, then is that most individuals—of all ages—view family intergenerational relations as close and satisfying. Perceptions of differences between generations may be related to life-cycle issues, and that such issues are an inevitable function of progression and development throughout life.

Age Differences in Susceptibility to Social Influence in Conformity and Persuasibility Situations

RONALD L. KLEIN, PH. D.

Description of research

There are nearly twenty-one million people over the age of sixty-five in our country. It is interesting, and of concern, that although they represent a potentially strong political force, they fail to demand these things which they affirm they desire and need and those economic and social rights which they deserve. Inferring from the hypotheses of several investigators, this phenomena may be due to a disengagement, a decline or withdrawal from participation in community and social activities by the older individual (Birren & Neugarten 1966; Cumming & Henry 1961; Foskett 1955; Mayo 1950; Talient & Lucas 1956; Wagner 1960; Zborowski 1962). It has also been hypothesized the older individual's failure to strive for rights and fulfillment of needs is due to a change in social role, a lack of necessary energy level, a lack of social status or a lack of opportunity (Spangler & Thomas 1962). However, the question arises as to whether these qualities attributed to older individuals can completely account for their failure to strive for rights and fulfillment of needs. Perhaps, it is the tendency of older individuals to be susceptible to social influence that causes their acceptance of our current middle-age, and, even more so, youth-oriented society.

Since the pioneering work of Sherif in 1935, numerous studies have been conducted in the area of social conformity (conformity is considered to be a shift, a change, or a modification in behavior due to the influence of another individual or group of individuals). Although these studies are different in many respects, they generally all have one thing in common. They fail to investigate possible differences in conformity behavior between young and old adults.

In reference to age, it has consistently been found that younger individuals are more reactive and susceptible to social influence than are older individuals (Abelson & Lesser 1959; Berenda 1950; Costanzo & Shaw 1966; Dunker 1938; Luchins & Luchins 1955). However, these studies investigated age differences in conformity behavior between young and old children, or they compared young children with college-age individuals. The question as to whether this finding would be consistent throughout the adult age span, and the type of theorizing stated above, led the writer to develop a research program aimed at obtaining a partial answer to the question of age differences in susceptibility to social influence in both conformity and persuasibility situations.

The first experiment (Klein 1972) was directed at determining if age, sex and task difficulty acted as determinants of social conformity in a laboratory visual perceptual judgment situation. Thirty-six young subjects (16–21 years) and 36 old subjects (60–86 years) were compared regarding susceptibility to social influence. The subjects were required to judge which of two stimuli (circular discs) was greater in size. Young and old subjects were subjected to contrived group pressures toward erroneous perceptual judgments. An analysis of the data indicated that older subjects conformed significantly more often than younger subjects.

A second investigation (Klein 1972) aimed at determining if conformity behavior is task specific. Specifically, the investigation focused primarily on determining whether the greater degree of conformity expressed by older subjects in a visual perceptual judgment situation, was unique to that situation. Or, whether

it is a general tendency for the older person to be more conforming than the younger adult regardless of the experimental task. It was also the purpose of this study to investigate sex differences in conformity behavior across experimental tasks, and also to investigate variation in conformity behavior due to ambiguity of the stimulus across experimental tasks.

In this investigation, 60 young subjects (17–24 years) were compared to 60 old subjects (60–81 years) regarding susceptibility to social influence. There were 24 subjects (half young and half old, half male and half female) in each of five conformity experiments.

The subjects in each of the five experiments were subjected to contrived group pressures toward erroneous judgments or opinions.

Experiments I through V were all interested in age, sex, and task difficulty as predictors of social conformity. Below are listed the five conformity experiments including the task performed in each.

Experiment I.—Visual perceptual judgment—the subject's task was to judge which of two circular discs was largest in size.

Experiment II.—Auditory perceptual judgment—the subject's task was to judge the number of metronome clicks heard.

Experiment III.—Auditory signal detection—the subject's task was to report whether he heard a pure tone plus noise or noise alone in his right ear, while sometimes receiving additional information in his left ear.

Experiment IV.—Problem solving—the subject's task was to solve one operation arithmetic problems (addition, subtraction, multiplication, division).

Experiment V.—Social attitude task—the subject's task was to rate statements on nationalism as to whether he agreed or disagreed with them.

The five experiments followed an identical research design, which provided measures of both "compliance" and "private acceptance" as two distinct measures of social conformity. First, individual performance was evaluated under "alone" conditions. The subject was then tested in a "conformity" situation where he experienced contrived social influence. The subject's behavior was then again measured under the alone condition after the conformity pressures were relieved. Finally, the subject's behavior was measured under the alone condition one week later.

Compliance was evidenced if the subject's performance in the conformity situation agreed with contrived group consensus and was different from his performance the first time he was tested alone. Private acceptance was evidenced when performance under the post-conformity-alone conditions were different from the pre-conformity-alone condition and agreed with the contrived group consensus given in the conformity situation.

A statistical analysis (analysis of variance) of the frequency of conformity revealed the following primary results: (a) old subjects conformed significantly more often than young subjects—Experiment I and III (compliance), Experiment IV and V (compliance and private acceptance); (b) there was not a significant sex difference in conformity in any of the five experiments (compliance nor private acceptance); (c) conformity occurred significantly more frequently as the difficulty of the experimental task, within an experiment, increased—Experiments I, II, III, IV and V (compliance and private acceptance); (d) conformity occurred more frequently as the nature of the task proceeded from an objective frame of reference to a social frame of reference (i.e., conformity increased in frequency from Experiment I through Experiment V—compliance and private acceptance).

This investigation illustrated that when an individual is confronted by social influence, his judgments and opinions are affected. A subject may have had an unequivocal judgment when tested alone; but as seen as a group and its concomitant social influence were present he ceased to behave solely on the basis of his own perceptions.

This investigation not only indicated that old individuals are subject to the same group pressures and social influences as are young persons, but it went further by demonstrating a significant disparity between the conformity behavior of young and old adults.

This investigation demonstrated that old individuals conformed more often than young individuals on a variety of experimental tasks. Therefore, the results of this investigation gave support to the position that there is a "general tendency" for older individuals to be more conforming than younger adults regardless of the experimental task.

The question that has received our most recent attention is related to why these age differences occur. In studies by Croner & Willis (1961), Kidd & Campbell (1955), Mausner (1954), Rosenberg (1961, 1963), and many others, it was found that the less competent a subject is at a task or the more competent the group is, the greater will be the conformity. This result has been found when actual differences in competence are present or when they are contrived.

In addition, a recent article by Ahammer and Baltes (1972) has drawn attention to the need to be concerned with perceived age differences in developmental research. It was felt that a consideration of these findings might help to partially explain the age differences in social conformity that have been found.

A recent investigation (Klein, Cheung & Zeiner 1972) attempted to determine if there is a differential effect of perceived self-competence on the conformity behavior of young and old adults on tasks of auditory and visual perception. The area of *perceived* competence received the focus of attention, since earlier work indicated that the old and young subjects did not differ significantly in ability with regard to task performance.

The following hypotheses were tested using social conformity as the dependent variable.

Hypothesis 1.—Social influence is greater upon the visual and auditory perceptual judgments of older individuals than upon the visual and auditory perceptual judgments of younger individuals.

Hypothesis 2.—Social influence is greater upon the visual and auditory perceptual judgments of the subjects as perceived self-competence is decreased.

Hypothesis 3.—Raising or lowering perceived self-competence will have a differential effect on younger and older individuals regarding their susceptibility to social influence.

Specifically—an increase in perceived self-competence will lead to a disproportionate decrease in susceptibility to social influence on the part of the older adult, whereas, a decrease in perceived self-competence will lead to a disproportionate increase in susceptibility to social influence on the part of the younger adult.

In this investigation 24 young subjects ranging in age from 17 to 23 and 24 old subjects ranging in age from 60 to 75 years were recruited for participation in the experiment.

The data were analyzed statistically using analysis of variance procedures. The hypothesis that older individuals would conform more than younger individuals received support from the data. The hypothesis that manipulation of perceived self-competence would have an effect on conformity behavior was also supported. The hypothesis that manipulation of perceived self-competence would differentially affect the conformity behavior of young and old subjects was also supported by the data. As perceived competence was increased there was a greater decrease in conformity on the part of the older subjects to the point that under high-perceived self-competence there were no significant age differences. As perceived self-competence was decreased, there was a greater increase in conformity on the part of the younger subject.

This investigation again verified the age difference in social conformity that had been previously found (Klein 1972). It has also indicated the effect an individual's perception of his competence can have on his susceptibility to social influence. But more to the point, these results indicate that when perceived self-competence is manipulated so that young and old have a more similar perception of their task competence, the age differences in social conformity begin to break down.

Although perceived self-competence has been found to be an important factor in conformity studies, there are other issues that demand future research attention such as, generation effects, age differences in cautiousness, age differences in the anxiety aroused by the conformity situation, the effects of various social influencing agents (peers, family, mass media, etc.) and a number of others. These issues of social influence, in addition to other considerations in the area of both conformity and persuasibility are presently being investigated on our program.

Our most current conformity studies are concerned with two areas—first we are concerned with the meaningfulness of the stimuli and its interaction with age, i.e., are issues of relevance more or less susceptible to social influence and are there age-racial background interactions?

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Physical and Social Environment as Related to Individual Adjustment in Full Care Retirement Centers

By William L. Roberts and Alan C. Acock

A. INTRODUCTION

The construction of full care retirement centers (those which contain residential, nursing, and service units as a nucleus) and similar facilities for the aged is a recent phenomenon on a large scale. Yet, there is little known about how the physical characteristics of these centers affect individual adjustment. For the aged this is a particularly serious consideration because they are less adept than the young in circumventing environmental features that may be undesirable. Thus, effects of physical environment that might be muted on younger populations may create larger and more serious problems among the aged.

1. Objectives

Four long term goals are central to our research. The first of these is considered paramount: the others, supportive. Our paramount objective is a study of four specific areas of adjustment in full care retirement centers. Our supportive objectives are development of policy recommendations, creation of measurement

techniques and dissemination of planning information. A brief description of these goals is presented in the following subsections.

a. Adjustment

We intend to show how individual adjustment is influenced by physical environment in full care retirement centers. Preliminary research and literature review point to four areas of study where this research will be most valuable. These are: isolation, cohesion, orientation and personalization.

(1) Isolation

This area focuses on the study of major building arrangements that isolate certain groups and activities. Such isolation may reduce interaction, lead to deviant definition, and alienate those who are isolated from the general community.

(2) Cohesion

Included in this area are characteristics of activity spaces (recreation lounge, reading, etc.) that foster or restrain the development of cohesive primary relationships. The development of primary relationships is seen as essential to adequate adjustment. This is especially true in dealing with the aged in nursing units where mobility is limited and the number of contacts minimal.

(3) Orientation

Included herein is the study of physical arrangements that promote or inhibit directional orientation of residents and hence, adjustment to the community. While not a problem for younger age groups, orientation is a serious problem for the aged and should be considered in planning for satisfactory adjustment.

(4) Personalization

This area focuses on a variety of planning design features that appear to restrict or encourage individuality. It includes the study of physical characteristics as they related to the realization of self expression and personal goals.

b. Policy recommendations

Matters that will lend themselves to development of policy towards care for the elderly are considered in this supportive objective. Personalization (item (4) above) particularly contributes to these matters because it deals with the maintenance of individuality and self actuation. Isolation (item (1) above) and cohesion (item (2) above) will also be useful because they deal with basic social needs of the elderly and their possible solution.

c. Measurement techniques

A supportive although instrumental objective is to devise adequate scales of attitude measurement for the elderly. This will involve subtsantial modification of existing scales, which tend to be designed for younger age groups, and the development of new scales.

d. Planning information

After accomplishing our research we intend to disseminate information for planning physical environments in full care centers. This information will be of two types:

(1) Developmental

Most planning for full care facilities is performed by administrators and architects. Huge amounts (see significance section) have been spent and are programmed for future spending on construction of full care facilities. Information that the study will provide is essential to such planning. It is our intent to sensitize planners to this information through professional journalists and management periodicals.

(2) Remedial

For full care centers that are already operational we intend to devise remedial solutions where possible. Isolation, for example, might be overcome by reducing physical barriers or providing alternative means of access.

The dissemination of both types of information will be more effective due to the facilities available in our Gerontology Center. The center has a community service arm which is active in continuing education of those involved in care for

the aged. It also should be noted that the center is interdisciplinary. This will make it possible to communicate our findings to planners, architects, administrators, social workers, and medical personnel concerned with care for the aged.

c. General model

As part of this study, isolation, cohesion, orientation, and personalization entail understanding of a general model. This model appears in Figure 1. It is composed of three primary factors. These are Individual Adjustment (IA), Symbolic Meaning (SM), and Physical Characteristics (PC).

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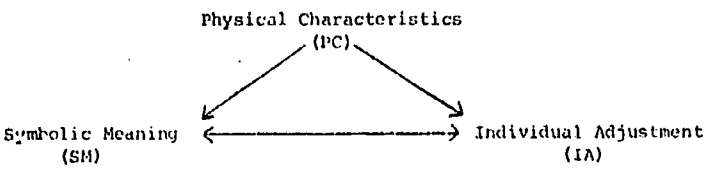
Figure 1: General Model Unifying the Specific Aims of Study.



Physical Characteristics: Design features, layout, characteristics of the situation, location.

Symbolic Meaning: Definition of activity, participants, and role in retirement community. We will focus on negative meanings such as defining an isolated group as undesirable.

Individual Adjustment: How individuals participating (or not participating) in an activity are influenced in terms of mental well being and general adjustment.

Referring to Figure 1, the physical characteristics of the situation (PC) pertain to anything in the environment that is objective such as the arrangement, proximity of social spaces to traffic arteries, facilities available, and architectural design. It is our judgment that physical characteristics may directly foster or inhibit the successful adjustment of the residents. More importantly, it is expected that physical characteristics will be associated with symbolic meanings which in turn shape the adjustment of the residents.

The symbolic meanings (SM) may be illustrated by an example from one aspect of our first area of study: isolation. A design feature that isolates physically ill residents from healthy residents by making interaction between the two groups relatively difficult may tend to result in a labeling of the physically ill as undesirable or deviant. This symbolic meaning on the part of the staff, healthy residents, and ill residents may have far reaching effects on adjustment.

In individual adjustment (IA) to the symbolic meaning, ill residents may tend to experience isolation, alienation, and powerlessness. The staff may tend to define objective isolation as legitimate. Concurrently, while healthy residents may tend to support the isolation of others, they also may tend to face their own future illnesses and isolation with greater fear and anxiety.

In sharp contrast, where physical design (PC) locates the nursing unit adjacent to a major activity centroid (defined here as a center of social interaction, control, and/or exchange within a particular unit or care center) we will expect high levels of interaction and a nondeviant definition of the role of being ill (SM). As a consequence, the patients may feel less alienated, the staff may treat them as a more integral part of the community, and the healthy residents may view their own possible illness as more natural (IA).

This example has utilized one of our areas of study (isolation) in a cursory manner in order to illustrate the general model. Nevertheless, our limited research to date does indicate that patients of isolated geriatric nursing units experience intense isolation and despair while healthy residents of such centers reflect considerable anxiety about the possibility of "going to that place." Conversely, in centers where isolation is minimized, more healthy attitudes are found among patients and residents.

B. SIGNIFICANCE

Retired Americans are turning in increasing numbers to full care geriatric centers. Little empirical data regarding the mental and social effects of physical planning are currently available. Moreover that information which is available suggests that many architectural designs may have an extremely detrimental influence on social interaction and mental health.

Most of the construction planning of full care facilities in the United States is accomplished by architects and administrators. In the Southern California area alone these planners spent more than ten million dollars in 1970–71 for new units. On a national level the expenditure is immense and growing each year. Until recently, little research information has been available to the planners. For this reason Birren (1969) spoke of such planning efforts as being little more than "intuitive". He criticized the lack of social scientific input and called for more empirical studies directed towards adequate housing care for the elderly.

In agreement with Birren's observations, the utilitarian purpose of our research is to study physical aspects of full care retirement centers as they effect the overall adjustment of residents and patients. In this way, we hope to provide empirical evidence which will help build the knowledge base upon which future design, planning and policy are based. Beyond this, any extension of the general theoretical knowledge of environmental effects on adjustment of the aged is of tremendous and immediate value.

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STATEMENT OF JAMES E. BIRREN, PH. D., DIRECTOR, ANDRUS GERONTOLOGY CENTER, USC

Dr. BIRREN. We are very honored to have the Congressmen with us here this morning, and I welcome them to stay over a few minutes

this afternoon and have time to see some of the facilities in the building.

I have a letter which was sent to you—we could not reach you in Washington—by Ernest Debs, supervisor of the third district. I will skip two paragraphs that are flattering to us here, but I would like to read the one paragraph. I think it is pertinent.

> The need for more institutions of higher learning that address themselves to this field is self-evident in view of the increasing elderly population of this Nation and the need to further our knowledge in this area for the benefit of the elderly.

I think that is our philosophy here. Perhaps I could turn this over to the committee.

One other point about this hearing; we at the university don't feel that we have all of the answers to the issues, but there has to be a continuing mutual exploration, it seems to me, by the legislative body and our institutions of higher learning.

I just returned from a European trip. I was lecturing in Norway, and one of the things they are envious of in America is the extent to which our legislative committees do encourage interaction with not only the citizens but the representatives from institutions of higher learning. I think it's a very progressive step.

I would like to take just a few minutes to outline something of the history of the evolution of this unique facility of which we are particularly proud here. In the early 1960's there was a development in California of retirement communities, and one of the men who devoted considerable time to constructing these facilities, Ross Cortese, gave some money to the university to initiate studies by the Institute of Retirement and Aging, and I was recruited to come here from the National Institutes of Health in 1965.

The priority that we gave at that time was to training students. The big lack, it seemed to me, in the Federal Government then was the availability of any trained personnel. If the National Institutes of Health wanted to hire trained personnel, they simply were not available.

So we gave here at the University of Southern California first priority to training. Then we moved quickly to establishing a program for research, and I would say that in about 1968 we turned the corner in development of our training and our research programs.

We then subsequently changed the name from the Institute for the Study of Retirement and Aging to the Gerontology Center. We believe it reflected our broadening interests here.

In 1969 the American Association of Retired Persons and the National Retired Teachers Association pledged $2 million for the construction of this building to honor Ethel Percy Andrus, who was the founder of these associations; and we are very proud also of the fact that she was a graduate of the University of Southern California.

We had applied in that year to the National Institute of Health for a matching grant with those $2 million for a facilities program. We were approved. But as of that year the National Institute of Health had no money for the construction of these or other kinds of research facilities at the university, and they have had no funds to date.

We were then quite a ways downstream, because we had the architectural plans, we had the pledge of $2 million, and we certainly did

not want to disappoint the elderly people who had been contributing their $1. So I must say to read some of those letters of pledges when someone would say, "Here is $1. I am living on social security, and God bless you," we decided that the university could go ahead with the project and develop it solely by private funds.

Therefore, the construction of this entire building is with private money. We are proud of this. But we are a little bit disappointed that we did not have some cooperation from the Federal Government; because some of the money that we put into the building might have been put into programs.

At the time that I came here I was at the National Institute of Health, and there was a program in mental retardation. They had the authorization to construct facilities. The program on aging and the program on mental retardation at that time were of about the same level of funding. Because of the authorization to construct facilities and support centers, that area is considerably in advance of the field of aging today.

Well, from the two or three projects in 1968, we have approximately 15 projects today that are both federally funded or privately funded in the biological and social sciences.

We have three major programs that are federally funded, but, as many of you know, with the decline of support for categorical training programs these are to be phased out.

One of the features of this particular institute was that we wanted to bridge, if you will, the ivory tower to the community. So in addition to having a division of research and a division of training, we created a division of community projects which was supposed to be our outreach from the university so that what we gain from our research projects would be applied to the people in the community. Also it would put us in contact with the real life problems of people in the community.

For some particular reason which is difficult to know, every time we've had the White House Conference on Aging, and we have had two, it almost appears that all the enthusiasm that has gone into the planning of the White House Conference results in a lower level of initiative following.

So as we look back at the followup on the conference of 1960, it is apparent that there was a lack of initiative following that White House Conference. So we are a little disturbed that following the White House Conference of 1971 we are now more worried than we were before about the existence of our training and research projects.

It seems to me that unless we have centers like this one in every State and with some teaching and research on aging in every major university in this country, we haven't done our job; and I would certainly like to recommend, as I have on other occasions, that some Federal agency be given the responsibility for developing centers, including construction, the opportunity of hiring faculty, the support of training, the support of research, and the support of development and services.

Now, this can't be done all at once. I think instant programs are dangerous. It seems to me that there is a natural gestation period of centers like this. Usually a university is commonly where such institu-

tions are found, although, you can have them in independent research agencies, and about 2 years, 2 to 3 years is the phase of early development in which the institution appoints a committee, invites outside speakers to come there to assess what their particular resources are, so that you don't have a rural university that is going to study the urban elderly and an urban university explore aging of animals. So there are particular advantages in some sites to be explored.

There is a little stage of centers which we are just coming out of, about 3 to 10 years, where you now have an identified body of faculty members, academy of faculty members, that are involved in full-time activities teaching and doing research on aging.

At this time there is a center identification in the university for individuals, a place to go, and also some hard-core budgeting, if there is any hard money at all, and it should be apparent in the budgeting of the institution.

I don't believe that centers in the middle and late stages can exist solely by soft-money support. It's a very vulnerable kind of activity. A late stage, which we are entering into, is where you have full-time permanent administrative staff and faculty. The center may have its own 10-year appointments, and it would have the status parallel to that of a long-term school.

Now, I had communicated to the past administrator on aging, Commissioner on Aging, John Martin, what I thought would be effective criteria to establish centers so that there isn't a wasting of funds and we maximize the opportunities that exist so that one might go and create the opportunity of having small planning grants to be followed up by a detailed evaluation of the particular university.

I would say to summarize my reaction to the current funding picture, I would say it is relatively good or satisfactory in areas of research, particularly at the moment in social gerontology. I may regret that statement next week, but that's my impression today.

I would say that support is rather poor in facilities. I have gone around, because of the need for private funds, to various public and private foundations, but it's very, very difficult to get support.

Why the major foundations have not been interested in aging is a difficult problem for me to analyze. I think there has been, obviously, a need for continuing effort in training. This field is so undersupplied, to lump it with all types of training much of which may have been going on for 40 years, and to have an across-the-board cutback, I think is particularly dangerous to the field, which is just getting started. It's in the pioneering stage.

I am pleased to say that the retirement association and selected individual doners have been very generous to us. I have not mentioned Mr. Leonard Davis, and we have had other individuals in California who have made donations to this building.

I think we can expect that research on aging will in the future result in the lowering of needs for funds for services. I think this kind of commitment will reduce the economic dependence in future years; and I think we have to characterize America now as a mature leaning to an aging population, that is, we view ourselves as a young Nation but actually we should be ranked with the old Nations in terms of the proportion of old people we have.

I think it is good to think of ourselves as a young Nation in the pioneering spirit, and I think that image of ourselves will carryover with the idea of doing some pioneering effort in aging. But in terms of population spectra, we're a relatively old country.

I obviously could add more, but I think I will conclude with that. Again, I am very honored, and I would like to add my personal welcome to the committee.

Mr. BRADEMAS. Thank you very much.

If it is agreeable, we might next hear from Dr. LaMar Empey, the associate director for research at the center, and, then, perhaps we can move whichever way you gentlemen would think most helpful from your point of view—either hear your associates on the panel or question the two of you together and then the other members of the panel.

Dr. EMPEY. Well, Mr. Brademas, it might be wise to treat this whole group as a panel here, because we have furnished you with written statements which will make our remarks more brief.

Mr. BRADEMAS. Fine.

STATEMENT OF LaMAR EMPEY, PH. D., ASSOCIATE DIRECTOR FOR RESEARCH, ANDRUS GERONTOLOGY CENTER, USC

Dr. EMPEY. There are two or three things which I think the committee might be interested in hearing that Dr. Birren only touched upon and that is that this center has attempted to stimulate research in aging not by trying to take over the various disciplines of the university, but instead to infuse those various disciplines with new faculty members and new interests in aging and to serve as kind of a focus for these activities in research and training. In fact, all new courses that are taught. All new research that is conducted, become part of disciplines within the university.

So that now at our center we have about 36 faculty representing such disciplines as biology, biochemistry, sociology, psychology, social work, urban planning, a great long list of these disciplines. And by having new courses and new faculty introduced into those disciplines, we stimulate the disciplines to focus upon aging, and at the same time new students are attracted to our program.

So that is one thing that I think needs to be emphasized, and I think it's very important in a center of this type.

The second thing that I should like to emphasize, however, has been an interesting experience for me and that is the problem of recruiting people, faculty members and students, into the field of aging. As a matter of fact, aging in virtually every discipline has almost been not the subject of study. The field of anthropology, for example, has been described as a great ethnographic vacuum when it comes to knowledge of what occurs around the earth with respect to aging. So that a center such as this it does become important, it seems to be, in producing manpower. The way we have recruited many outstanding and interesting people, therefore, is not because they have been interested in aging but because we have been able to offer them some excitement and an opportunity to enter a new field.

A third thing that I would like to emphasize is that I think in centers such as this we need to take what might be called a developmental or life cycle approach to the understanding of aging.

In other words, one does not understand an old person simply by studying that person when he becomes old. One understands an older person by understanding a great deal of what happened to him throughout the life cycle. And so at the center we do have a life cycle or a developmental approach, and this means that we are concerned with aging as it begins from postnatal development on. We are concerned with generations. We are concerned with all kinds of factors in which older people interact with younger people in our society, and these, in turn, have an impact on the way older people are treated.

These are some of the summary issues, it seems to me. We now have about 55 doctoral students in our program from both the sciences and the professions thus far. In a few short years since we have been in existence, already 23 dissertations have been produced by doctoral students, and 21 masters candidates have gone from this center. We now have, as I say, about 36 faculty from the sciences and professions, so I think that many of these kinds of things are reasonably well established.

What's underfoot, however, is the cutting of training funds, and it becomes very difficult then to support this kind of student development. Another problem, of course, is the recruitment and maintenance of key faculty in certain areas. We are very short, for example, in our center with people in economics and political science, both of which I would think would be of crucial concern to you gentlemen.

One other issue that I want to mention is that in our research now we have various research projects in neurobiology, developmental biology, human physiology, what I might call biological psychology. It's hard for me sometimes to tell the biologists from the psychologists, but maybe that's because I'm a sociologist. We have studies in social psychology, social problems and psychology, some anthropological studies, the environment and aging, in which architects and behavioral scientists are working together to study the effects of microplanning in an urban center and the effects of total environment on older people and the effects of an architectural design on the adjustment of older people; and, then, finally, we are concerned in our research program not merely with the problem of gaining a better basic understanding of aging but of the problems of technical assistance in research utilization; the problems of utilizing scientific knowledge are not simple ones.

We were discussing yesterday in our Board of Councilors' meeting the real problem between beginning to understand a problem or some process of aging and suggesting how or what one might do about that; because knowing and doing are two different things.

So I think that centers like this must be concerned and must receive support, if you will, for research into the problems of the utilization of scientific knowledge; how, in fact, can information be transmitted more effectively to committees like this so that they are understandable and their implications assessed; how, in fact, can user groups such as older people themselves make better use of scientific information; how, in fact, can institutional change take place so that

certain problems might be addressed more effectively. I think those are crucial research problems about which we are concerned here, and upon which we have not really begun a very serious attack.

What I would like to do now, Mr. Chairman, is conclude my remarks; and if you would just call on these other gentlemen in the order in which they are presented, what they are going to do is rather than discuss whole problems of program research, each of them as an investigator in a specific area will be talking just about his particular research.

Mr. BRADEMAS. Thank you very much, Dr. Empey, for those remarks.

And our first panel member is Caleb Finch, assistant professor of biology.

Dr. Finch.

STATEMENT OF CALEB FINCH, PH. D., ASSISTANT PROFESSOR OF BIOLOGY, ANDRUS GERONTOLOGY CENTER, USC

Dr. FINCH. Our laboratory has done work on changes in the functions of the nervous system. We studied the brain to learn if indeed there are significant and fundamental changes during aging. I should point out that study neurobiology in aging is probably, of all the aspects of biology of aging, the most relevant to the areas of psychology and sociology, because we may be able to reveal unrecognizable potentialities as well as limitations for learning, for behavior and for social function; in other words, basic information which may be revealed from a study of biology of the nervous system and its changes during aging and perhaps that has the most immediate relevance to all other aspects of society and the study and research on aging.

Now, the program which we have undertaken is directed immediately to identifying if there are any significant changes in the brain during aging. This cannot be done through study of humans because of the tremendous widespread incidence of hardening of the arteries. It is therefore impossible to determine whether there are any changes in the brain which are independent of this widespread disease of blood vessels.

One therefore has to study aging of the nervous system of a species which does not have such a condition. It appears that rats and mice do show many of the same changes as humans during the course of their aging but do not have a pronounced hardening of the arteries. Therefore, they are feasible research material, and we are studying them.

It appears from preliminary work that there are indeed some fundamental changes in the brain during aging, and these changes which we have described and published may have a great deal to do with such human conditions as Parkinson's disease.

I should point out that in the case of studies of the brain and aging the tools of research very often lead to valuable products in clinical medicine. One such tool is the drug el-dopa which is being used on a widespread basis for the treatment of Parkinson's disease.

The work of our laboratory is funded by the National Science Foundation of the National Institutes of Health. It is at the present time a support base which is far from adequate for enabling our research program to develop to its fullest.

We have a grant which has been approved for funding, as many other scientists in the same condition, but which has not been funded because of the major cutbacks which have been instituted through the Nixon administration. This is a common situation. The funds for new research projects are drying up. This creates a tremendous problem for the young investigators who have dedicated their postgraduate education to study of the aged as well as many other fields of basic research and who have made this enormous commitment of time, often exceeding 10 years, and then be in a position to undertake research but have no funds for it, and that is I think a tragedy as a national commitment.

If funds are not made available for training of new students and for funding of research programs, we may soon find ourselves in a position of being second to many other nations who are vigorously training scientists and supplying them with funds for research. I should hope we would not need to institute strategic scientific limitation talks so as to maintain our parity with other nations.

The educational programs which our laboratory engages in are mainly, of course, focused on the training of students in the skills of basic research, but we also have an equally important role in the critical review of information which is becoming available on the subject of biology of aging, and this is information which in many cases is directly relevant to drugs which are being marketed with the aim of helping conditions of the elderly.

It is important that laboratories such as ours continue to exist so that research on drugs can be evaluated properly without the commercial pressures which are always attendant to any testing of a drug.

Finally, it is clear that one cannot expect immediate returns from basic research on a time schedule such as, for instance, was able to be instituted in the Apollo program.

We are following a number of provocative leads which will provide new information on how aging affects the functioning of brain cells. There is no question in my mind that this research will lead to many useful products for human use in the future.

One is reminded that the current role of viruses in cancer research was really not elucidated in the programs to develop a cure for cancer. Research of a basic nature is constantly turning up vital information from unsuspected quarters and cannot be held to a time schedule or a specific objective. Thank you.

Mr. BRADEMAS. Thank you very much indeed, Dr. Finch.

Dr. Vern Bengtson, associate professor of sociology.

STATEMENT OF VERN BENGTSON, PH. D., ASSOCIATE PROFESSOR OF SOCIOLOGY, ANDRUS GERONTOLOGY CENTER, USC

Dr. BENGTSON. I am chief of the laboratory for social organization and behavior. In our laboratory, we have two large research projects that occupy the attention of sociologists and anthropologists interested in the study of aging.

The first is a large-scale study of the generation gap. How much difference is there between generations living at this point in time in American society? How serious are the differences? What are the consequences and what are some of the causes?

We have a special interest in the consequences with respect to mental health. Margaret Mead has suggested that similarity between generations is a deleterious thing in a rapidly changing society. If you are highly similar to your father and grandfather, so her argument goes, you are probably not adapting to the rapid change of pace in today's society.

Against this argument is the traditional orientation which we find in the Biblical scriptures; for example, train a child in the way he should go, and when he gets old he will not depart from it. Honor thy father and thy mother that thy days may be long upon the land which the Lord thy God giveth thee. These suggest that continuity between generations is important for the well-being of individuals.

There are apparently two arguments about the generation gap, and what we are trying to do in this study is to gather data regarding which argument seems to have the more evidence in support of it. From our examination thus far of the data, it seems that the second perspective has greater support.

The second large research project in the laboratory for social organization or behavior has just begun. It is a project which I think will be of special interest to the members of the community, to members of this committee, and I think most of you have already heard of it. This is the study of aging and social policy.

What we are researching is what policymakers need to know about the processes and needs of the elderly that can effect more rational policies for the millions of older Americans in our society.

This project has three parts. One part, directed by Dr. Pauline Regan, involves a survey of 1,200 community residents. These people are black or Chicano or Anglo, middle-aged or elderly people.

What we want to find out is what are some of the problems that these elderly individuals face and what are some of the differences between [illegible] aged, Chicano aged, and Anglo aged.

The second major component of the study involves a survey of societal decisionmakers. This portion of the study, directed by Dr. Patricia Kasschau, involves politicians, bureaucrats, business and union leaders, and professionals in an attempt to find out what their perceptions are on the problems of the aged and of the policymaking process.

The third component is an anthropological investigation conducted by Dr. Sally Moore and her associates. This study involves field investigations in various cultures to explore the cultural parameters of the aging process.

Thus, in this laboratory we are trying as sociologists and anthropologists to expand the frontiers of knowledge concerning the aging process and the situation of the aged in today's society.

Mr. BRADEMAS. Thank you very much, Dr. Bengtson.

Next we will hear from Dr. Ronald Klein, assistant professor of psychology.

Dr. Klein.

STATEMENT OF RONALD KLEIN, PH. D., ASSISTANT PROFESSOR OF PSYCHOLOGY, ANDRUS GERONTOLOGY CENTER, USC

Dr. KLEIN. My research has dealt with susceptibility to social influence in conformity and persuasibility situations and generally I have

been concerned with looking at shifts or changes, modifications in behavior due to the influence of another individual or group of individuals. Specifically I have been concerned with age differences in susceptibility to social influence in conformity and persuasibility behavior.

If you look back in the literature on conformity and persuasibility behavior, you will know that these age differences have dealt with only a portion of the life continuum, indicating an increase in conformity toward early adolescence and then a decrease toward youth and young adulthood. The question as to what happens with conformity and persuasibility across the life continuum was left unanswered; so we conducted an experiment to direct ourselves to the issue of whether older people are more susceptible to the influence of others.

Our first investigation was concerned with this topic in the area of visual perceptual judgment, and we found that in fact older people were more susceptible to the influence of others in this context.

We then asked the question: "Is this a task-specific finding or is this a general tendency for the older adult to be more conforming regardless of the experimental task?"

We proceeded to do a large scale research investigation where five experiments were conducted each on a different experimental task, results indicating that in each case the older adult was more conforming and deferred to others in the face of contradictory information.

We, then, are looking at the more possible explanations for this age difference in susceptibility influence. One of the areas we are concerned with is the difference between young and old with a perceptual competence on a given task. Are people who are perceiving themselves as less competent more likely to defer to the opinions of others? Our experiment indicated perceived competence as a result of younger and older adults are more similar in the perception of their competence and the breakdown occurs in the area of social conformity that is, young and old are more similar in their conformity response.

We are now concerned with further explanations. We are concerned with looking at the conformity across racial background and looking at the age-race interaction.

We are concerned with looking at meaningfulness of material to see if material that is more meaningful would make a person more susceptible to the opinions of others.

We are also concerned with looking at the various social influences in aging on conformity behavior. Are people more susceptible to influence that comes from their peers, their family, or the media?

We are also concerned with the area of persuasibility, changing of attitudes through communications; and in this area we are concerned with the age of the audience, age of the communicator, type of communication, and the method of presentation of the communication as it relates to the older individual.

We feel that this kind of research is important since our behaviors are shaped continually on a day-to-day basis by the opinions of others in the area of advertisements, interaction, and a variety of ways by which people are changing their opinions, establishing their opinions based on other influences.

I might conclude by saying that my research is only one of many in the area of psychology that are going on here at the gerontology center. Other people are studying such factors as intelligence, learning, memory, and various other personality and social variables that I don't address myself to.

Mr. BRADEMAS. Thank you, Dr. Klein.

Another member of our panel is Dr. William Roberts, research associate.

STATEMENT OF WILLIAM ROBERTS, MODERN ARCHEOLOGY, RESEARCH ASSOCIATE, ANDRUS GERONTOLOGY CENTER, USC

Dr. ROBERTS. Yes. Primarily I am working with a sociologist who is a member of the faculty at the university here, Dr. Alan Acock. We have interdisciplinary research which combines architecture, on the one hand, and sociology, on the other.

We are looking for practical aspects of physical design that can facilitate adjustment of elderly people in full-care retirement centers. We are specifically looking at four areas of adjustment within the centers, and I will specifically mention at this present moment that which involves medical units, residential units, recreational units, a combination of things on the same site.

We found that some of the work that has been done in the past has actually been, well, negative in nature. We found that rules of thumb are used in the field of architecture such as you will locate a medical unit out of sight so we will not remind the healthy residents that they, too, may one day be decrepit. This design has changed so that now if the healthy residents know they're eventually going to be in a medical unit, they recognize this fact and they become anxious and the same anxiety is reflected into the medical unit itself; and we were able to measure very material differences. So the first area is the area of physical isolation and individual adjustment.

A second area that we're working on is the characteristics of activity that encourage social interaction. You may have noticed in many of these centers where you have gone that lounge areas, recreation areas, are not used. And we've raised the question of why they are not used.

We have come across—and I would be glad to elaborate later—particular and specific reasons why they are not used and why they do not work and how they can work and should be used.

A third area is that of the manner in which physical arrangement, such as buildings on a site plan, can affect individual orientation.

We found, for example, on a building that is square or circular or symetrical or where all corners are not the same is not sufficient; that the elderly people already faced with many types of adjustments may not be able to adjust to this. We ourselves become lost in this sort of surrounding. I think the Pentagon is the classic example to the whole world, but that's just an aside.

The manner in which physical arrangements also allow a person to have a degree of expression even in a medical unit. The Soviets, in their plan, permit retired people to hang a rug they've had all their life on the wall or to put a chair in the room. Research in this area has been done before, but we are now continuing with that, seeing what small degrees of control can do to people who are in the situation of total reliance on the physical space and physical surroundings of people who are helpless. Thank you.

Mr. BRADEMAS. Thank you very much, Mr. Roberts.

What I suggest is that my colleagues and I submit questions to each of you individually with respect to your particular areas of work, but any of you should feel free to add any comments that you may wish to.

Dr. Birren, perhaps you could give us a few generalizations on the status of research in gerontology in the United States today. How many other centers of this kind are there, and to what extent would you recommend additional Federal funds, since we are Federal legislators, for the establishment of such centers and for the support of both research and training?

Dr. BIRREN. Well, in response to your question, I would say, and I don't mean to aggrandize or excel here, but there is probably no center in the country that has the scope of this one.

I would like more to be in the field, because I recognize that intellectual prosperity is going to require a variety of approaches. No one has the best solution. I would say there are probably about six universities who have potential in the area that could improve their research and help programs immensely were there a Federal support program for centers on aging as there have been in other activities; I refer to mental retardation.

I want to give a historical comment now that in the 1920's, Edith Rockefeller founded four centers—at Yale, Minnesota, Iowa, and Berkeley—for child research; and the reason why today child research is so advanced is that these centers were created back in the twenties.

Now, universities are more conservative today, and I was told by one of the men who headed one of the child center studies if you came along today with funds on the same basis as the Rockefeller centers did—it was not the Rockefeller Foundation as it is today—it would be turned down because they would be worried about the long-term implications.

But nonetheless, I think what we need in the public sector is someone like Edith Rockefeller to create these centers. And there has been remarkable payoff in the area of child research.

I think I've forgotten what you asked. What was your question?

Mr. BRADEMAS. Well, I was trying to get your judgment on the extent to which it would be appropriate to provide Federal support for construction of research facilities; second, support for research; and third, support for training, given the generalizations in terms of, let's say, the next 10 years or so.

Dr. BIRREN. You would be interested in magnitudes?

Mr. BRADEMAS. Yes.

Dr. BIRREN. Well, it would seem to me that a major center allowing for inflation and structural costs would amount to something like $5 million each. I think that a 10-year construction program might create, say, six major centers at $5 million each, and, then, perhaps six lesser order centers that are going to specialize on some particular problem to take advantage of the local site.

The University of California at Davis, for example, has an inbred colony of Negroes that are aged. There might be some facilities there. It would be useful to illustrate a response to take advantage of something that would develop locally. Training farms, it's a little bit more difficult to come up with the same formula that readily, but I would think this year—no, I would hesitate to budget that off the top of my head.

Mr. BRADEMAS. Well, I would be grateful if you would be willing to furnish the committee some figures on that subsequent to the hearings, some answers in writing which you may not now have a specific judgment to give us.

Dr. Weg?

Dr. WEG. If we go on the estimate there might be six centers in the country and we could approximate the same kind of training that we provide here, I would say we needed about $1,500,000 per year just for the training component, which really is a very small investment in the kind of flow of personnel that we would like to develop.

Mr. BRADEMAS. Now, do you have any judgment on what would be the appropriate percentage contribution of Federal funds to support construction aid, research, and training?

Dr. BIRREN. Well, with construction, I think a 50–50 match would be acceptable. A 75–25 would be better: that is, 75 percent of the funds coming from the Federal Government and 25 percent of the funds coming from the university.

In the area of research, universities have no way of developing this, and I think there you must be heading for something like 100 percent or 90–10 with 10 percent contributed by the university in matching costs.

In the area of training, I think the private sector is picking things up; but I think one might expect that half of the students would be supported by private means and half by public means.

Now, the reason why I hestitated before is we did an analysis of all doctoral dissertations in this country since 1934. This was with the help of our librarian Julie Moore, and we looked at the topics, and it's appalling how few studies have been made.

There are some States that since 1934 to date have not produced a single student who has done a doctoral dissertation on the aged. So when you have that low level of activity, one could get carried away in filling the total void, and one has to be realistic; so I would say one way of approaching this is to have, say, if you have 300 major universities, you're going to need at least 1 teacher and researcher in about 1 out of 20 departments. So that's about the level we're going to have to work for over a 10-year period.

Mr. BRADEMAS. Two other questions and then I will yield to my colleagues and come back later.

Can you give us a generalization on what the recommendations of the White House Conference on Aging were with respect to the support of gerontological research?

Dr. BIRREN. They did not give a figure when they talked about the aged. I don't think they put dollar figures in.

Mr. BRADEMAS. Did they recommend the establishment of centers, multidisciplinary centers like this one?

Dr. BIRREN. I think that was one.

Mr. BRADEMAS. Well, you know, of course, a measure was sponsored by Congressman Paul Rogers, to which Mrs. Mahoney, who is here with us today, made such a great contribution, that would establish a National Institute of Aging in Washington to support the biological aspects of aging.

While the bill that our subcommittee produced provides authority for the establishment of multidisciplinary centers on gerontology out across the country, Mr. Rogers and the members of our subcommittee have envisaged our respective proposals not as contradictory but as complimentary.

That bill, the Rogers bill, was also vetoed by the President last fall and is being reshaped now. I take it that from what you said you would all be sympathetic to both these measures.

I have one other question. I was most interested to read, and I know you are all familiar with it, an article in the April 16, 1973, issue of Newsweek, entitled "Can Aging Be Cured?"

Without objection, that article will be inserted in the record.

[The article follows:]

[From Newsweek, Apr. 16, 1973]

CAN AGING BE CURED?

Whenever you think you're really holding up pretty well—all things considered—take another look. If you're 30, you're already a little slower than you were just a few short years ago. If you're 40, check your hairline, your neckline and your waistline. If you're 50, take a look at a photo of yourself ten years ago. If you're 60 or older, you don't need any guidelines—the aging process has been all too obvious for a long time.

Can anything be done about it? Geronotologists (specialists in the study of aging) describe the process of growing old as a wasting disease. The skin begins to dry out, which means that wrinkles are on the way. The hair starts to turn gray—in most cases it soon will begin to thin out. The lenses of the eyes thicken and become slowly opaque. The hearing mechanism loses some of its sensitivity. Fat accumulates at the midsection. Muscles shrink and joints become stiff and sometimes swollen.

The inexorable deterioration of aging goes on deep within the body as well. The heart pumps blood with steadily diminishing efficiency and the blood vessels become less limber. The lungs take in less and less vital oxygen. Kidney function reduced by half. The bladder's capacity is diminished. The flow of hormones from the ovaries, testes, adrenals and pituitary dwindles. The brain shrinks as 100,000 of its cells die each day. The body becomes increasingly vulnerable to infections and such "degenerative" diseases as cancer, arteriosclerosis and diabetes. Should none of these prove fatal, death comes finally from that cumulative mix of afflictions known simply as old age.

Now, a growing number of researchers are taking the view that something can really be done about old age. In laboratories around the world, they have begun to unlock the secrets of the aging process—and each new discovery improves the prospect that ways may be found to hold back the inexorable gray curtain of senility and prolong the years of youthful vitality. "We hope," says Dr. Alex Comfort, director of research in gerontology at University College, London, "to find a technique for interfering with human aging within the next four or five years—not for stopping the process, but for slowing it down."

Some of Comfort's colleagues think that by the end of the decade the period of productive adult life will have been extended by 20 per cent—thanks to new knowledge about the aging process. A few gerontologists, like Dr. Bernard Strehler of the University of Southern California, are even more sanguine.

"Someday," Strehler declares, "we may live almost indefinitely."

As matters stand, the average child born in America today can expect to live to be about 70, fully 23 years longer than he could have at the turn of the century. Most of these extra years of life expectancy were achieved not through control of the aging process, but by improved sanitation and the conquest of the major fatal diseases of childhood such as bacterial pneumonia and diphtheria. But for today's adults, life expectancy has not increased appreciably. An American who was 65 at the turn of the century could expect to live thirteen more years. The life expectancy of today's 65-year-olds is fifteen years—just two more than in 1900. If the major killers of adults—cancer and diseases of the heart, kidney and blood vessels—were eliminated completely, researchers estimate that perhaps another ten years would be added to adult life expectancy.

What antibiotics, vaccines, improved sanitation and other advances of twentieth-century medicine have done is to reduce the afflictions of youth and thus vastly increase the ranks of the nation's elderly. The number of persons over 65 in the U.S. has grown at three times the rate of the total population. At 21 million, the elderly today constitute 10 per cent of all Americans; and the majority of them have escaped the afflictions that once plagued the young only to suffer

through their declining years with debilitating infirmities—strokes, diabetes, arthritis and blindness. Care of the aged accounts for nearly a third of the nation's health costs.

THE DILEMMA

In tampering with the aging process, gerontologists clearly face the same kind of social dilemma that confronted the physicists who unlocked the atom—and already there is lively debate within their ranks as to just what the aim of their research effort should be. To extend the life span without removing the disabilities of old age, most agree, would place an intolerable burden on the social and economic structure of society. Slowing down the process of maturation poses equally frightening prospects; if this were to prove possible, youngsters might finish grammar school in their teens and graduate from college in their 40s. Accordingly, most researchers agree that their reasonable goal should be to stretch out the productive middle years. As Comfort* sees it, tomorrow's men and women in their 50s would look and feel like today's men and women in their 40s. Ultimately, it might take 80 years to reach the present physiological age of 60.

Controlling the rate of aging in the middle years would have important medical benefits as well. "People who are dying of cancer at 65 might die of the same cancer—but at 90," Dr. Roy L. Walford of the University of California at Los Angeles told Newsweek's Mariana Gosnell. "So, in effect, you're curing cancer for those who are 65. If you slow down aging, you shift such diseases to a much later date, which is a 'cure'."

But extending the life span is not just a matter of understanding the physical changes of aging. Gerontologists are increasingly concerned with the influence of psychological and social forces on the aging process. One reason for their concern is that growing old has become institutionalized in contemporary society. In an earlier day, when the extended family was the rule rather than the exception, the elderly remained a functional part of the family. In today's mobile society, the older person may have to spend his last years alone, in a "retirement village" or community of old folk like St. Petersburg, Fla., or sometimes, pathetically, in a nursing home.

Researchers are convinced that the detachment of the elderly has a direct effect on their longevity. "It's obvious," says Dr. Erdman Palmore, a sociologist at Duke University's Center for the Study of Aging and Human Development, "that if a person is forced to retire, if he feels useless and his income drops, then his health, his interest in taking care of himself and his urge to live longer may also suffer. His decline may have nothing whatever to do with his chronological age or genetic make-up."

Studies of elderly persons have shown that an unusually high proportion of persons over the age of 60 commit suicide—in fact, nearly 30 per cent of suicides in the U.S. are in this age group. "The most important stereotype regarding the elderly is that a certain amount of emotional instability, forgetfulness, depression and withdrawal is normal and therefore does not warrant medical intervention," notes Dr. Eric Pfeiffer, a Duke psychiatrist. "On the contrary, early treatment might prevent deterioration or institutionalization, or both."

THE TIME IT TAKES

Right now, the number of researchers working to control the aging process is small. A major reason for this is that experimentation in aging takes a great deal of time—while the subjects are aging. "One experiment on a mouse can take up to three years," says Dr. Nathan W. Shock, chief of Baltimore's Gerontology Research Center of the National Institute of Child Health and Human Development. But recently, the prospects have gotten brighter. Funds for aging research at Shock's center have risen from $9.3 million in 1971 to $12.3 million this year. And proposals are before Congress to set up a separate National Institute on Aging Research.

From time immemorial, the quest for ways to prolong life or recapture lost youth have been a staple of myth and folklore. King David indulged in geracomy—the practice of sleeping with young virgins in order to absorb revitalizing emanations from their bodies—a treatment that, if it did nothing else, certainly kept him from feeling lonely. Achilles consumed the marrow of young bears to increase his strength and courage, and the Indian physician Susruta in 800 B.C. advised

*Who is also a sexologist and author of the current best seller "The Joy of Sex."

impotent patients to eat the testes of tigers. Even today, rejuvenation specialists conduct thriving practices—sometimes using techniques that are hardly less bizarre.

In Europe, uncounted thousands of men and women regularly submit to cell-therapy treatments, devised by the late Dr. Paul Niehans of Switzerland. The treatments usually involve injections of tissue extracts from fetal lambs on the theory that they restore function to failing organs and have a generally "revitalizing" effect on the body. The vogue for cell therapy, particularly among members of the jet set, was much enhanced by reports that Niehans had personally treated such figures as Pope Pius XII, the Duke and Duchess of Windsor, Gloria Swanson, Bernard Baruch, Charlie Chaplin and Winston Churchill.

Niehans's clinic, La Prairie, is an elegant mansion on the shores of Lake Geneva; it thrives today under the direction of Dr. Walter Michel. The fetal cells come from a flock of 500 specially bred black sheep pastured on a lush farm in the canton of Fribourg. Patients usually spend eight days at the 23-bed clinic, and a course of treatments consisting of eight injections costs $2,000. Michel estimates that there are more than 5,000 cell-therapy practitioners in Europe.

In the village of Lenggries, deep in the foothills of the Bavarian Alps, Dr. Siegfried Block runs a 40-bed clinic modeled after Niehans's. A six-day course of treatment costs from $1,300 to $1,600. Dr. René-Basile Henry, who conducts a flourishing cell-therapy practice in the Paris suburb of Saint-Germain-en-Laye, charges only $100 to $600.

The cell therapists claim to be able to cure a staggering range of infirmities, from mental retardation to emphysema. The cell therapists insist that the injections revitalize the bodies and minds of the elderly. But for all the claims made on their behalf, most researchers discount the cell-therapy treatments on the ground that so far no scientifically controlled studies have been carried out to support them.

Other enthusiastic claims are also being made for a product called Gerovital, a drug composed largely of the standard anesthetic procaine and developed more than twenty years ago by Dr. Ana Aslan of Bucharest. Procaine is best known to Americans under the trade name Novocain. Aslan claims that her compound is effective in the treatment of arthritis, arteriosclerosis and the general debilities of old age. Nikita Khrushchev was one of Aslan's most enthusiastic patients. He said that Gerovital made him feel more robust. Sukarno, Ho Chi Minh and Marlene Dietrich are said to have also received Aslan's treatments.

Interestingly enough, though most researchers are just as skeptical about Gerovital as they are about the Niehans cell therapy, there are signs that the drug may yet find a place in medicine. This is because there is some evidence that the compound acts as an anti-depressant. Dr. Nathan S. Kline of Rockland State Hospital in Orangeburg, N.Y., is currently testing Gerovital in elderly patients with mild to moderate depression. On a recent visit to the U.S. to discuss the tests, Dr. Aslan, a robust 76, was honored at a dinner attended by Food and Drug Administration director Charles C. Edwards and Sen. Ernest Hollings, who had some questions about the drug. "Now for you," she told Hollings, who is 51. "It would take a pill at breakfast and one at lunch for twelve days. Then you'd wait three weeks and begin again."

THERE'S NO ELIXIR

But though anything remotely resembling a true elixir of youth has yet to be found—and quite possibly never will be—a number of intriguing experiments suggest ways in which the aging process may eventually be controlled. As long ago as 1932, Dr. Clive M. McKay of Cornell showed that he could extend the life span of rats by one-third by cutting the calories in their diets. Whether caloric restriction would work for humans has not been tested. But the residents of the valley of Vilcabamba in Ecuador, noted for their longevity, subsist adequately on diets that contain half the calories of the average American diet.

The gerontologists are fascinated with such places as Vilcabamba—as well as with Abkhazia in the Soviet Republic of Georgia and Hunza in Kashmir, where living well beyond the age of 100 is also commonplace. The diets of the residents of Vilcabamba and Hunza are low in saturated fats—meat and dairy products account for less than 2 per cent of the calories consumed—and this, according to current medical opinion, should delay the onset of arteriosclerosis. All three areas are agrarian, and the residents are used to prolonged physical labor.

But what may be of equal importance in explaning their longevity is the attitude of these people themselves toward old age. Dr. Alexander Leaf of Harvard Medical School, who recently spent two years visiting the three regions, reports that the elderly are held in high esteem and that even those over 100 still perform such essential duties as tending flocks, cleaning houses and caring for grandchildren. There is no such thing as retirement, and the old people themselves stress the importance of maintaining a calm, worry-free state of mind. One result of this, Leaf noted, is that the people expect to live a long time and regard 100 as quite a normal life span.

Another environmental factor long known to increase longevity, at least in cold-blooded creatures, is lowering the body temperature. UCLA's Walford has doubled the life span of the fish *Cynolebias* by reducing the temperature of its water 5 or 6 degrees. To Strehler, this and similar studies suggest that lowering human body temperature—perhaps by drugs—by only a degree or two could add an extra 25 to 30 years of life.

Some scientists think there is hope that a "youth fatcor" may someday be isolated. Several investigators have taken bits of skin from young mice and transplanted them to litter mates. As the transplant recipients aged, the skin patches were removed and transplanted to a younger generation. Maintained in this fashion, through successive generations, the grafts survived years longer than the animals from which they were originally taken. In a similar experiment, permanent connections were made between the blood vessels of young and old rats—a procedure known as parabiosis. The young blood seemed to have a rejuvenating effect on the older animals, and they survived well beyond their expected life spans.

But whether it is achieved with pills, potions or special diets, the eventual control of aging may depend on fundamental research on the nature of the aging process itself. "The more we know about the underlying causes of aging," says NICHHD's Shock, "the more we are apt to be able to devise and introduce a drug or pill or experimental condition that can have an impact." Most researchers agree that there are probably many factors involved in aging, and that no single magic bullet will prove the answer.

One of the likeliest places to look for clues to the aging riddle is in the genes and chromosomes. It has long been axiomatic among gerontologists that longevity —or the lack of it—runs in families. In studies involving 2,000 sets of twins over the age of 60, Dr. Lissy F. Jarvik of UCLA found that identical twins have a "significantly" greater similarity in life spans than non-identical twins have.

Since most species seem to have a finite life span—40 days for fruit flies, three years for mice, 110 for man—some doctors think there is a genetic clock built into the body's cells that determines when old age sets in. The best evidence to support their notion was discovered accidentally in 1961 by Dr. Leonard Hayflick of the Stanford University School of Medicine while he was doing cancer research on human cells growing in tissue culture.

Until then, most biologists had assumed that human cells growing in such cultures were essentially immortal, dividing indefinitely so long as they were provided with adequate nutrients. But while observing cells cultured from the lung tissue of a human embryo, Hayflick was surprised to note that each cell population doubled about 50 times—and then stopped. Next he discovered that cell colonies put in the deep freeze after, say, twenty doublings would "remember" how many they had left when thawed and stop after 30 more. Hayflick then found that cells cultured from adult lung tissue undergo an average of only twenty doublings.

Despite his tentative evidence in support of a built-in cellular clock, Hayflick doesn't think humans age because their cells just stop doubling. For one thing, Hayflick points out, a human being doesn't live long enough for his cell population to double the maximum 50 times anyway. What Hayflick thinks is that aging involves biochemical, physiological and structural changes in the cell that occur before division ceases. But the hypothetical genetic clock that stops cell division, he notes, could play a major part in bringing about these changes.

TWO MAIN THEORIES

The explosion of knowledge in the field of molecular biology in the past two decades has afforded many new clues about how genes affect the aging process. There are two main theories: the first is that the program spelled out at conception in the DNA, or genetic material, simply runs out, like the tape recording of a Bach concerto, and that cell function then ceases. The second hy-

pothesis is that errors occur in the repeated copying of the genetic message, like the nicks that build up on a frequently played phonograph record. An accumulation of such mishaps could cause an "error catastrophe" that would bring the cell's functions to a halt.

Currently, Hayflick is devising an ingenious series of experiments to see whether the finite doubling of cells is determined by the DNA in the nucleus or by RNA—the nucleic acid that carries out DNA's genetic instructions—or other chemical transactions in the cytoplasm outside the nucleus. He is removing the nuclei from certain cells and "fusing" them with other whole cells, combining cells of long-lived species with those of shorter-lived ones, and young cells with old. If an old cell continues to double beyond its normal limit after fusion with young cytoplasm, it would suggest that the genetic control important for division resides outside the nucleus. If such is the case, it would have important implications, since the cytoplasm would be a far easier target for drugs or chemicals for the control of aging than would the nucleus.

Along with the genetic and psychological approaches to the problem, scientists are exploring a number of other fascinating avenues of research on the aging process and how it might be controlled. The most important:

Pacemakers

Some experts think that aging is controlled by specific "pacemakers" in the body, and not necessarily within each individual cell. The long survival of skin transplanted to successive generations of young mice, they say, suggests that some kind of hormone or "youth factor" has taken control of the implanted cells. And theer is the fact that the wrinkling skin and thinning bones that sometimes occur in women after menopause is the result of diminished secretions of estrogen from the ovaries. To some extent, these signs of aging can be alleviated by administration of estrogens on a daily basis.

The major aging agent, according to Dr. Caleb E. Finch of USC, may be the hypothalamus, deep inside the brain. In mice, Finch has found that changes in levels of such nerve hormones as noradrenaline coincide notably with age. He suspects such changes could affect the nearby pituitary gland, the body's master endocrine regulator, affecting, in turn, the other endocrine glands throughout the body, including the adrenals, ovaries and testes. In the future, he suggests, "we ought to be able to take a couple of millimeters of blood from a person, run tests to see what his hormone levels are, then give him a cocktail of juices to remedy some of the imbalances involved in aging."

The brain

An outstanding symptom of aging is senile dementia—the impairment of reasoning and conceptualization that can sometimes border on psychosis. Dr. F. Marott Sinex of Boston University thinks impairment of chemical transmissions of nerve impulses within the brain may account for the disorder. "Things are not packaged as well," he says. "Chemical mediators need cleaning up." Drugs or chemicals, Sinex suggests may be devised to carry out the required biochemical housecleaning in the brain cells.

At the Center for the Study of Aging and Human Development at Duke University, Dr. Ewald W. Busse has detected diminished electrical activity of the brain in elderly persons as recorded on the electroencephalogram. The changes were particularly marked with respect to the so-called alpha waves that are associated with a state of "relaxed awareness." Interestingly, Busse discovered that beta waves (usually associated with arousal) are more pronounced among women than among men, a finding that suggests to him a possible connection to the longer female life span.

Antibodies

There is also fresh evidence that people grow old partly because of a derangement in the body's immune system. Antibodies and specialized white cells produced by the immune system are intended to recognize and attack invading viruses and bacteria and, some investigators suspect, detect and destroy incipient cancer cells arising in the body. But somehow with age, the system seems to lose the ability to distinguish between friend and foe. Dr. Roy Walford reports that the production of disease-fighting antibodies declines with age but that the level of autoantibodies, which attack the host's tissues, goes up.

An approach to correcting immune defects in aging is suggested by Dr. Takashi Makinodan of the National Institute of Child Health and Human Development.

Makinodan exposed young mice to bacteria, inducing them to develop disease-fighting lymphocytes. When older animals were inoculated with the young cells, he found that they were able to resist lethal doses of bacteria for as long as six months. Perhaps, Makinodan says, humans could deposit their lymphoid cells in frozen storage during youth and use them in old age to similarly revitalize their immune systems.

Free radicals

A further prime suspect in the aging process is a class of substances called free radicals. These are fragments of molecules that have come unstuck and avidly seek new substances with which to combine. Such oxidative reactions involving free radicals are the reason butter turns rancid and oil-based paints dry. Dr. Denham Harman of the University of Nebraska has found that the administration of "antioxidant" chemicals extends the average life span of mice by as much as 50 per cent. Vitamin E, widely touted by food faddists, is an antioxidant, but has so far shown little effect in improving the life span in Harman's animal experiments, though Harman thinks that vitamin E or other antioxidants may ultimately prove useful in extending life in man.

But drugs, diet, and the manipulation of genes represent only part of the arsenal in the fight against old age. The investigators at Duke emphasize the profound influence of psychological attitudes on how well a person fares in his later years. A high "happiness" rating, they found, coincided with a longer life for the members of their study group. "Remaining active in some meaningful social role," says Dr. Erdman Palmore, "affected people's longevity on all three major levels—physical, psychological and social."

On the basis of their studies, the Duke researchers think a lot may depend on the attitude the individual forms about the prospect of old age during his early years. Those who lived longest were the ones who refused to give in. If widowed, they usually remarried. If retired, they took up hobbies. They took long walks and watched what they ate. And they took old age in stride. "The decision to have an active mental, physical and social life is really the important decision," says Dr. Eric Pfeiffer. "It's a yea-saying to life."

Tips on How to Stay Young

Right now, there is no way directly to slow down the aging process. But experts in the field agree on a number of common-sense steps that anyone can take to encourage good health throughout adulthood—and perhaps even add a few extra years of vigorous productive life.

DIET

Obesity has long been known to shorten life expectancy. Dr. Nathan Shock of the Gerontology Research Center of the National Institute of Child Health and Human Development puts it this way: "If you could suddenly wave a wand and eliminate all the obesity in the population, you'd be more likely to increase life span than by almost any other means." Keeping weight down, most researchers agree, not only reduces the risks of heart disease but may also prevent diabetes common in the elderly. Especially important is a reduction in animal fats as well as starches and sweets in the diet. Crash diets, however, are to be avoided at all costs since a sudden and sharp reduction in calories will force the body to break down irreplaceable muscle tissue for energy.

VITAMINS

There is no firm evidence that taking the antioxidant vitamin E will improve longevity. And amounts commonly taken by vitamin enthusiasts—more than one gram a day—might well prove harmful over a long period of use. Dr. Denham Harman of the University of Nebraska advises those who wish to take vitamin E on the off chance that it might help them stay young longer to take no more than three to seven 100-milligram capsules a week.

ALCOHOL AND TOBACCO

In addition to its connection with lung cancer and heart attacks, cigarette smoking has been linked to a shortened life And there is recent evidence that

heavy smoking even contributes to premature wrinkling of the skin, particularly around the eyes. This effect may be due to insufficient circulation in the skin, since nicotine is known to constrict the capillaries. For the same reason, smoking may also aggravate the circulatory problems that often accompany aging and increase discomfort in the hands and feet.

Alcohol has the opposite effect—dilating the small blood vessels near the skin—so many doctors advise their elderly patients to drink moderate amounts of wine each day. But with age, the liver becomes less efficient in breaking down alcohol. Thus, amounts that would be moderate during youth can become toxic in the later years.

HORMONES

The ovaries reduce their production of estrogen at the menopause, and many physicians advise women patients to take estrogen pills. They believe that estrogen replacement therapy reduces such symptoms as hot flashes and the nervousness and irritability that often accompany the menopause. Estrogen also seems to retard the drying and wrinkling of the skin. Although administration of estrogen can produce cancer in animals, many endocrinologists insist that there is no evidence that estrogen therapy increases the risk of cancer in humans. And some doctors even believe the hormone may retard the development of cancer in elderly women.

Secretion of the male hormone, testosterone, doesn't diminish as sharply with age as does estrogen. Routine use of testosterone in men after middle age, therefore, isn't necessary. But in men who are clearly impotent because of a testosterone deficiency, the hormone can be of value.

EXERCISE

Keeping fit through regular exercise helps control weight and has a variety of other beneficial effects as well. In tests on a group of men between the ages of 52 and 88, Dr. Herbert A. deVries of the University of Southern California found that exercise increased oxygen-carrying capacity—the best single measure of vigor—reduced body fat and nervous tension and improved heart and blood-vessel function as well as arm strength.

DeVries's exercise program includes calisthenics, jogging and swimming. He insists that the elderly begin exercising with caution and that a physician should prescribe the appropriate regimen "with the same care and certainty that he uses in choosing drugs for his patients."

MEDICAL CARE

Regular physical examinations are important since older people have fewer reserves to ward off infections and other ailments that younger people take in stride. Relatively minor complaints should be attended to before they develop into major problems that may prove too much for an older body.

ACTIVITY

The people who seem to weather old age the best and live longest seem to be the ones who have planned ahead. A person should not regard as inevitable the prospect of a useless and lonely old age. Instead, he should plan on useful and satisfying activities for his post-retirement years and maintain strong links to friends and family.

Mr. BRADEMAS. And then, I noted an article in the Los Angeles Times entitled "Aging, an American Tragedy?"

[The material referred to follows:]

[From the Los Angeles Times, Apr. 5, 1973]

AGING: THE AMERICAN TRAGEDY

(By Jean Douglas Murphy)

An old man in a farming village in Israel. An aging Chicano in East Los Angeles. An elderly woman on a Yugoslavian island. A State Senator in Sacramento.

Such people will, researchers hope, help answer a crucial question: How can the tragedy in aging in America be lessened?

Some solutions to the problems of the elderly in the United States are, essentially, the long-range goals of an extensive research study begun by USC's Ethel Percy Andrus Gerontology Center.

According to Dr. LaMar T. Empey, associate director of the center for research and co-principal investigator in the project, the three-pronged, three-year, $800,000 program will:

Survey 1,200 persons, aged 45 and up, in the Los Angeles area to identify their values and activities and determine their needs.

Interview 250 decision-makers, including legislators, bureaucrats, businessmen and union leaders on how they view aging.

Probe the social and Cultural patterns of the elderly in four foreign countries. USC anthropologists will work in Israel, Italy, Yugoslavia and Tanzania to obtain comparisons on aging.

URGENTLY NEEDED

Such a comprehensive study, which Empey believes to be unique, is urgently needed. He said:

"Past gerontological research has documented that old age is devalued in American and that this devaluation has had a marked negative effect on both the physical and psychological well-being of older people.

"Beyond that one important generalization stnads a host of virtually unexplained yet vitally important areas.

"Foremost among these, we feel, is a lack of information on the variety of social and cultural contexts that define the life-styles, the social roles and, ultimately, the life satisfactions of older people."

Empey stressed the need for in-depth research by noting that there are more than 20 million Americans over 65 and nearly 30 million over 60; that the elderly are growing at about twice the rate of those under 45; and that the proportionate numbers of middle-aged and older people will be even greater as the country moves closer to zero population growth."

RESPONDENTS DIVIDED

In the Los Angeles area survey, Empey said, the 1,200 respondents will be equally divided among blacks, whites and Mexican-American representing various socio-economic and age levels.

Although questionnaires are still in preparation, "We will attempt to explore the problems of retirement and leisure, housing, income, health, nutrition, interactional networks—that is, their relationships with family, neighbors, clubs and so on—and class and ethnic differences," Empey said.

Additionally, the survey will pinpoint the social changes that the old themselves want and demand.

To assist in the survey, a research planning committee of community representatives has been appointed. Chaired by Alicia Noreiga of the East Los Angeles Department of Mental Health, the committee will provide information on the needs of minority elderly, help set policy, assist in hiring minority staff and otherwise advise researchers on surveying blacks and Mexican-Americans.

The second component of the study, the survey of 250 policy-makers, also is in the preliminary stages.

ACROSS COUNTRY

"We are looking at what is happening across the country, what has resulted, for example, from the two White House conferences on aging. Then we will focus on California in interviewing the decision-makers," said Empey.

The aim of this phase of the study will be to determine the extent to which the respondents have planned for the future and the degree to which existing policies are consistent with need. Results will be compared and correlated with those of the survey of the elderly.

"We will release our findings as the study progresses but we won't have much until more than a year from now," Empey added.

In the project's third component, the cross-cultural study of aging, USC anthropologists will spend the next 15 months examining and assessing the role of the old in Israel, Italy, Yugoslavia and Tanzania.

They were chosen for the study because of prior research conducted in the four countries by Drs. Sally Moore, co-principal investigator of the program, Jay Abarbanel, Andrei Simic and Barbara Myerhoff.

CLOSE LOOK AT CULTURES

"We will take a close look at how other cultures deal with aging, the whole life cycle, the relationships between generations," Dr. Moore said. "We are also interested in a comparative library study.

"We are looking to see if we can make any general statement about aging."

Abarbanel added that "by looking at different kinds of societies, by obtaining intimate knowledge of relative small groups of people, we hope to make an analysis of what's going on among the American elderly, who need an important place in making important decisions."

"By making comparisons between American and other cultures, it might be possible to sort out those patterns of adaptation to the aging process that are unique to America, those that have their roots elsewhere and those that seem to be of a general nature," Empey said.

The study is funded by the National Science Foundation through its Research Applied to National Need (RAN) program. Dr. Vern L. Engtson, preceptor of sociology at the USC Andrus Center, is the third co-principal investigator and UCLA's Survey Research Center will assist in conducting the community and decision-maker surveys.

Mr. BRADEMAS. I wonder if you can give us any generalization with respect to the impact of the attitudes toward aging, toward the elderly—of the elderly themselves, and of the nonelderly—in this society?

Dr. EMPEY. Well, one reason I was struck by "Can Aging Be Cured," it's as though we are biological animals without the impact of social definition and that it really doesn't make any sense these days to talk about a cure unless you think of biological, social and psychological phenomena of whatever the cure is.

Mr. BRADEMAS. Spoken like a true sociologist.

Dr. EMPEY. True. The social definition has a profound influence upon people and how they define themselves, whether of worth or not, and whether they have a future or not; and I think the research really clearly shows that in a society where age is devalued, as it seems to be here, that it has a profound impact upon the self-esteem of older people.

I think some interesting trends that may be occurring are that many of the younger generation are identifying rather strongly with the older generation and some of the self-esteem may be changing.

So that part of our concern with these studies that were mentioned may be a changing of roles in society; what kind of roles do we play in society; what kind of institutional arrangements might be necessary to make that possible.

Say, in fact, if one could do something socially about the tendency to devalue people of old age—the study that was mentioned in the Times is where four of our anthropologists here are going to be studying aging in four countries abroad, and we think that might put the answers in better perspective and give us better information on that.

Mr. BRADEMAS. I note that President Nixon appointed David Bruce to be our first, in effect, de facto Ambassador to the People's Republic of China. The President's appointment was applauded in the first place because of the high regard everyone has for Ambassador Bruce but, in the second place, because it was thought a perceptive appointment because he's an older man and the Chinese place such high value upon the elderly.

Dr. EMPEY. In fact, I think we cannot go too far in emphasizing the extent to which our society is totally youth oriented. I think the Congress itself is a good example of cases in which it is not entirely run by young people, because many of the official committees and so on are headed by older people, and there are certain areas of society in which that is the case, and that poses an interesting problem concerning the question of larger numbers of older people and under what circumstances might they apply a variety of different roles which our society simply doesn't provide.

Mr. BRADEMAS. I might say that, in my conversations with people since the death of Picasso, I have noticed what an impact Picasso made on the lives of people all over the world. People somehow felt he would never really die, since he had been an extraordinary figure throughout his entire life.

Mr. HANSEN. I have been very interested in the research projects you have outlined and the very exciting work that is being done here. But let me turn for a moment in posing a question to play the role of a sceptic and I do that personally reflecting some doubts that I have; these are unanswered questions that to a large extent reflect attitudes expressed to me by older people.

I have a series of senior citizens' seminars in my district every year where people come and talk about things on their mind. I also visited with a group of senior citizens a few days ago, and this is what they told me, and I'm going to ask the same question:

They say, "Our needs are as follows: We need more income. We don't have enough money just to buy the material things to make life comfortable. We need better transportation," and that's particularly true in a place like Idaho where there is virtually no public transportation. "We need decent housing, and we need to have the right to stay in our homes if we want to and not be tossed out by oppressive property taxes. We need better health services. We need better nutrition and have more and better food in order to sustain life."

These are the needs they repeat over and over again; and they tell me also that we don't need a lot of research in order to solve these problems. We know that it takes more food if we're going to eat adequately, to have better health, have decent housing and some kind of means of transportation. These are not problems for which we need a great deal of additional study and research, and this is where we ought to be allocating our resources.

So the question I would pose is: What are the things we don't know now that we need to know most and that would help to respond to the needs that older people tell us they require?

Dr. EMPEY. Well, I feel, first of all, that these problems are not new ones. It has to do with the question of quality of life.

As a matter of fact, to make the inference that all older people would even view the problems in the same way is a mistake, and I think that's one of the reasons we are making an attempt to study different ethnic groups and to find out what it is they're looking for.

For example, what about housing for the elderly? There is reason to suspect that different elderly groups, for example, will have different opinions as to where they would like to live. Some want to be near their families and kin, whether it be city center or some other location.

How all those things become possible are real complex planning problems.

It seems to me that one of the lessons we should have learned from the past couple of decades is that money alone does not cure a lot of these problems. A lot of it is the uninformed use of money, as in urban renewal, for example, and some of these things. The uninformed use of money often exacerbates the problem; it does not really make it better.

Our attempt really is to take a look at some of these questions. Take the question of income. We are very much concerned in terms of the types of priorities that people like yourselves and the people in the public sector might want set, because, for example, if you increase employment in terms of social security and other kinds of pensions, then, who is going to pay for them and to what degree are unions, for example, willing to support pension programs as contrasted to wages now for the current employee? It's a profound kind of problem it seems to me that we need to have more information on if an enlightened public policy is going to pursue the problems of the elderly and at the same time take a look at the new problems that are created in other segments of the community if the problems of the elderly are treated.

So that's the way I would respond, in a long-winded way, to some of the questions.

Mr. ROBERTS. In short, for full-care retirement centers in southern California, that's just in this area, if they aren't planned in the proper manner, it is misspent money; and we need the research to back up this kind of planning that goes into these kind of centers.

Mr. HANSEN. I think we could probably also do a better job of convincing older people of the value of research. It seems to me that research can be most productive in the area of social science. Now, what can be done in terms of changing attitude and value systems of individuals. I don't know. The greatest deficiency as far as I've been able to observe in the treatment of older people is in one of status, not responding to their need to be needed, to honor them, to esteem them, to recognize our indebtedness to them for what they have given to us; and this just hasn't happened.

Dr. FINCH. I would like to add to this discussion that as a biologist with respect to research it's absolutely health related; that is, the self-sufficiency of an older person in large part if not entirely is dependent upon his health; and the contribution that research can make and is making in many areas is through ways of prolonging the period of self-sufficiency and capability of an active citizen. I think this is something that can be exemplified in many, many different areas, products which have been derived from basic research, such as the L-dopa therapy for Parksinson's disease, and the many drugs which have released people from mental hospitals and enabled them to continue active economically independent-wise and this point has absolute relevance to this discussion.

Mr. HANSEN. Let me make one other comment—Well, why don't you comment, Dr. Birren.

Dr. BIRREN. I would certainly agree that the institutions of higher learning have not done a good job with the community toward reaching some understanding about why research is necessary, and I think this is particularly true with the elderly.

We are trying to do something about that; and the other thing is that I do believe that 1 to 2 percent of the national budget for services to the elderly should be reserved for research; because if we don't have that, we are never going to improve the future.

We are going to have to have some understanding about the quality aspects of nutrition rather than just quantity of food. I think what I call the Post Office syndrome in which all they did was deliver the mail but not reserve any funds for improving service, had our postal service 20 or 30 years ago reserved 1 percent of their budget for improving the system through research, I don't think we would be in the position we are in today.

Dr. EMPEY. Well, in that regard, I don't think that's a bad notion to interject. For example, most of my past research has been in crime and delinquency with which some people have little concern, and one of the things that has always struck criminologists is the extent to which every State in the Union, including California which has had one of the best research programs, has spent multimillions of dollars in the warehousing and trying to do other kinds of things to offenders, and California and New York are perhaps the only two States who have spent anything approaching 1 percent of those huge sums of money on basic exploration of the problems on how better to improve the criminal justice system; and that seems to me as a researcher, from a biased viewpoint, to be an incredible approach that no respectable business in the world could ever survive and do without research, because without research and development it could not survive; and yet less than 1 percent of its total outlay of funds went to research, and that, it would seem to me, it should be that somewhere legislation could be written so that research then becomes an integral part of the actual kinds of programs so that we might then begin to resolve some of these problems with which you are concerned.

Mr. HANSEN. Let me ask one further, hopefully short, question about responsibility. The chairman usually asks this question. Many are critical of the Federal Government because we are not increasing the money for research. We had tripled it since 1970, but it is leveling off. Obviously there is a lot more that needs to be done, but what is the role of the State government also in financing research in this area, and what specifically is California doing to support research?

Mr. BRADEMAS. According to the newspapers I read, the State has quite a surplus of funds.

Dr. EMPEY. Well, I think there are some outstanding research units in this State supported by State funds, and I thought it was tragic, in fact, in some of the areas in which funds were cut out.

I think that both have responsibility. The big problem is, of course, developing mechanisms such as those units with all of their faults still over the years in my opinion have done a most objective job of allocating funds. This is one of the problems on a State level is getting those kinds of mechanisms going, and we were getting a few in California and then the whole thing got wiped out.

Dr. BIRREN. You will be hearing from Dr. Feldman, who is chairman of the panel on community projects in aging; so you might address that question to him.

Dr. EMPEY. Yes, please do.

Dr. HRACHOVEC. Could I also state something on that point?

Mr. BRADEMAS. Am I not correct in that assumption? There's a gentleman in the back of the room.

Sir, did you wish to make a contribution? Would you identify yourself?

Dr. HRACHOVEC. I wanted to make a very brief——

Mr. BRADEMAS. Could you give us your name, sir.

Dr. HRACHOVEC. My name is Dr. Hrachovec. I'm in medical research, a medical doctor and doctor of science, and I would like to make very briefly comments on the question of the needs of the elderly with regard to better health services and, on the other side, that they do not need a lot of research.

What I want to say is this: Quite a lot of the elderly suffer from chronic diseases and other ailments of old age which they have self-afflicted on themselves by making various errors in everyday living which developed the chronic diseases and, of course, bring the people to medical doctors and increase the funds for Medi-Cal and medicare.

Now, there is a tremendous amount of information available at the moment on how to avoid chronic diseases. Now, the question is how to get that information to older people.

This is just about all I have. Of course, I can speak more on the subject, and I have written a book in which I have put several years of research in avoiding chronic diseases of old age. So from what these people are suffering they do not know how to avoid it; so it's hard to get the message across to them.

Mr. BRADEMAS. Thank you very much, Doctor.

Congressman Lehman?

Mr. LEHMAN. I don't have very much to add to the questions.

Dr. EMPEY. I'm tempted to say, Mr. Lehman, hang in there.

Mr. LEHMAN. One question I wanted to ask is in regard to these societies we have talked about. When they go back and find out how the aged are doing and who are living longer, is there any society where men can live as long as women, and, if so, what can we do to learn from them?

Mr. BRADEMAS. Dr. Birren?

Dr. BIRREN. At the time of the White House Conference on Aging a technical brochure was prepared which listed longevity for men and women in various countries in the world.

It's rather pessimistic from the point of view of our present conversation, because in all technologically developed countries America has the largest sex difference in life expectancy. Why this is is a subject for considerable research. Even Japan, which industrialized very rapidly after World War II, has a smaller sex gap. Ours, the life expectancy of a girl compared with a boy at birth is 6 years longer.

Now, there is a great deal of suspicion that this relates to differential stresses, but not all of it. I think biologists would perhaps suggest that there is a built-in superiority in the female, that it interacts with environmental differences.

When I was in Norway this past week, I was given a book published on premature aging and related diseases, and there is interest now in looking at the survivors of concentration camps and prisoner-of-war camps and their showing symptoms of premature aging, and these are affected men in particular, and it turns out in a variety of ways in which I interpret as suggesting interaction between the psychological

and social factors of an individual's life and its expression in chronic disease, the acceleration of arteriosclerosis and other diseases of the nervous system as a concentration of stress. I am not in a position of suggesting that men have more stressful lives, but there is certainly a suspicion there.

Mr. BRADEMAS. Dr. Bengtson, I believe, has a comment.

Dr. BENGTSON. Just a couple of quick comments. Here at the center we have one of the most eminent of the national figures on sex research in middle-aged and the aged, and I am referring to Dr. James Peterson, who has written a book called "Married Love in the Middle Years," and he will be giving testimony a bit later on; so maybe you can reserve your sexy questions for him.

The second comment is that I believe the women's liberation movement in this country has suggested some of the deleterious social conditions surrounding sex differentiation. I think the greater longevity of females to males is an example of how true those contentions are; and I think life for a male in our country is more stressful, is less fun, and probably less productive, and that's reflected in the social considerations and reflected in longevity figures.

Finally, I think your comment about it's maybe okay to be a dirty old man but what do you do if you're a dirty old woman is well-taken. Those of us who saw the movie Harold and Maude, for example, saw the abhorrence of her relationship between an older woman and a younger man. Maybe in some of the salons of Europe in the 18th or 19th centuries this arrangement was condoned, but it certainly is not in our country.

We need, I would submit, research on how widows adapt with respect to psychological, social, and sexual issues in these United States.

A little bit later on some of the students who will be presented on another panel will tell you about their research concerning lust, loneliness, and isolation in old age.

Mr. BRADEMAS. I may comment on what Dr. Bengtson said at this point. There is an article in the April 1973 issue of MS. of which I am a grateful purchaser, entitled "Breaking the Age Barrier," by Elizabeth Janeway in which she remarks upon this problem.

As her opening sentence indicates, quote, "I have a problem about being nearly sixty. I keep waking up in the morning and thinking I'm thirty-one."

Mr. BELL. Mr. Chairman, my question goes to Dr. Birren or Dr. Empey relative to research. We have talked about a great deal of research. Are we talking about things your organization does? Who is it and what group is it that determines the direction, for example, that you go in your research, the ways in which you study different areas? Where is that determination made? Is it made locally? Which group and where is the determination made?

Dr. BIRREN. Perhaps both of us might speak to this. I think it's a complex decision, because obviously financial agencies set priorities, and funds are available in one area and not in another and that influences the choice.

Another level is the freedom of the basic investigator to follow his leads. In this center we have another factor, which is that we are divided into four divisions—training, research, community projects, and also a liaison with retirement groups.

In our staff meetings we get feedback from the director of liaison, Dr. Peterson, and Dr. Feldman who is head of community projects, on issues in the community; and that helps to decide for us some of our projects.

We have now a project on training of volunteers, because this emerged as one of the priority areas. But it's an interaction process.

Dr. EMPEY. Well, I would reflect a comment Mr. Hansen made. I think the comment Mr. Hansen made was that he felt research in the social area with respect to aging. Now, as a sociologist, I think that's very nice, but I am concerned about two things.

One is that we have a great deal of pressure in our society today upon research that is relevant, and I think there is a growing suspicion of science that has not contributed what it should have done in the past.

So there has been a lot of pressure, both publicwise and from the legislature and others, to do relevant research. So, for example, we see the introduction of Rann into NSF. So I think this is indeed, in response to your question, Mr. Bell, bringing people into more policy-type research on what should be done. Our own NSF research is a policy-oriented problem. I think that would be productive to a degree. But you can't have sensible policy until you have an understanding of the basic problems; and what frightens me now as a scientist is there has been all this work in the field and now we must exercise policy and relevant research to the extent of gaining some basic understanding of what biological and social processes are, at which time we then investigate how can we intercede once we have this basic understanding, and as a matter of fact it's a basic understanding right now that's being hurt with the cutbacks to the National Institutes of Health, Mental Health, and even some of these others.

Biological research, for example, is being hurt. Some of the projects we're describing now are not funded. We are going along on a shoestring, and primarily because most of the new money if it's going into anything, it's going into applied policy research, and I think it's a loss.

Mr. BELL. I would certainly agree with you, Dr. Empey; but we do constantly have that problem.

Dr. EMPEY. I know.

Mr. BELL. You mentioned Rann. That program is to move from basic to applied research or seek a goal or a light down the tunnel as to just where we're going to go.

On the other hand, you have to become involved in basic research, but you can become so involved that you never do come out with a definite goal and direction. That also is a problem; so it's a case of a balance.

I wouldn't for a second say that we should be concerned with just the direction of applied science. I recognize the importance of this field. That's why I got into that aspect in my very first question as to just where the direction comes from and who is directing the research efforts.

Dr. EMPEY. I don't think anyone is coherently directing them. I think that researchers respond to where the money is and in a sense they prostitute themselves in doing that.

On the other hand, the best researchers, Mr. Bell, are the people who are able through their own motivation to get themselves competent enough to go out and find money and study the problems with which they are concerned. They are the best. And to the extent that you warp that motivation, they become less effective. It has been a concern to me in the development of our center here. But I think we do respond to the pressures of where the money is and where we can get support for both our training and research work, and I don't see a real coherent policy except to the degree that we have seen the development of these programs of National Institutes of Health and so on, and we have seen that because certain money was put in certain areas to stimulate people to go into these areas, and I think that will happen in the field of aging.

Mr. BELL. Would you advise that the direction the organization should go is toward more cohesive direction from above, or whatever you want to call it? Do you think it would aid your organization if it had more direction?

Dr. EMPEY. What do you mean by direction?

Mr. BELL. If it had more of a leader, if there was a national, more specific goal given to your organization in research in whatever areas?

Dr. EMPEY. I think it would be extremely difficult to set specific goals. I think the National Institute on Aging, however, would be concerned with those aspects of the life cycle and would give the kind of focus and interest that would stimulate more work. That's the way I would say to define it, rather than saying what the specific task or answer is that you need. We need a lot of answers, and they are very much overlapping.

Mr. BELL. I have one more question, Mr. Chairman. more or less a detailed question.

What sort of breakthroughs in research do you foresee which would hold the most promise for reducing future costs of services? Anyone may answer that.

Dr. BIRREN. Well, I think all of us might comment, because that's a very important question.

One of the things that will reduce costs and seems very cogent at the moment is that older people could get supplementary services in their present residences, that is, housekeeping services 1 day a week, hot meal programs, things of this sort, and it would reduce the economic flow that is required when these people go into institutions.

It is the same problem, because we don't have that wide range of health facilities and you have to go into an institution that costs $150 a day. So we need a gradation of services, and that will come about as more professional people are trained in this field.

The breakthroughs in the social-psychological area I think involve some of the work of Dr. Klein, which suggests that the isolated older person maximizes their dependency, and costs go up. Work from other institutions suggests that if they have an intimate relationship with at least one other person, you have a psychological cushion to absorb the consequences of bereavement and other crises in your life.

So the resocialization of isolated older adults will reduce costs. But I would like to have each one of the people respond, because the breakthroughs are different in each of the research areas.

Dr. FINCH. I would like to add further to my earlier comment about expectations in basic research. Consider the phenomenon of menopause, which happens to every woman. It creates a disturbance and it is well-known that this is a time of great emotional crisis, and it's also becoming clear that at least in part, some of the physiological symptoms tend to be alleviated by specific hormone replacement.

Now, a major emotional disturbance such as this has widespread economic consequence because of the lack of efficiency in job and because of the tragedies with many women being not able to function at all.

So if more was understood, for instance, about how aging affects the nervous system, and we have a great deal of information on this already, then, the consequences might have tremendous advantage; and that's just one example.

The other examples concern the tremendous amount of depression in the elderly. This clearly has organic components as well as psychological components of being of an older age; and I think that too much cannot be made of this point. It's very basic.

Dr. KLEIN. Following up on Dr. Birren's comments regarding research in terms of stress and attitudes regarding the elderly, and Mr. Hansen talked earlier about changing attitudes and values, I think that looking toward methods of attitude change might go in a large direction toward making this resocialization possible.

Mr. BRADEMAS. Mr. Roberts?

Mr. ROBERTS. In the physical plant, if the planners had research and they didn't rely on their intuition, which is sometimes faulty, there would be an obvious cost reduction.

Mr. BRADEMAS. I have in front of me a letter dated April 6, 1973, from Dr. Richard Defendini of the College of Physicians and Surgeons at Columbia University. The letter just arrived before I left Washington, and seems directly related to the conversation about basic and applied research, and I will ask unanimous consent to put that letter in the record.

[Material inserted:]

COLLEGE OF PHYSICIANS AND SURGEONS OF COLUMBIA UNIVERSITY,
New York, N.Y., April 6, 1973.

Hon. JOHN BRADEMAS,
U.S. House of Representatives,
Washington, D.C.

DEAR CONGRESSMAN BRADEMAS: I am a neuropathologist and a clinical neurologist on the faculty of Columbia University and on the medical staff of the Presbyterian Hospital of New York. My time is about equally divided between diagnostic services to hospital patients; teaching of medical students, house staff in clinical training, and post doctoral fellows in basic medical science; and research. I have no private practice. Twelve years after graduation from Medical School (followed by eight years of post doctoral training). My total professional income is $25,000 a year. I am not in the medical profession for the buck.

The priorities implicit in the Administration's proposed federal budget are not in the interest of the people of this country. My objections to the President's budget are many and serious. However, I shall confine my remarks to two areas in which I am well qualified to speak: support of medical research and of manpower training at the post doctoral level. The Administration's proposed cuts in these areas will surely retard progress in the fight against disease.

I shall not dwell on humanitarian concerns. From purely economic point of view, government support of medical research is one of its most sound investments. I ask you to ponder as an example the economic impact of the develop-

ment of the polio vaccine. The money that has been saved on the prolonged hospitalization that this disease entails during its acute and recovery phases, on the cost of special schooling, training, and social and medical care for the crippled survivor, and on the loss of productivity that follows for a lifetime, outweigh many many fold what the recent pandemic of influenza cost this country: Right now we have the knowledge to anticipate viral mutations in this disease and to develop an effective vaccine. But lack of support means that at least one more epidemic will hit us before the vaccine is ready for use.

Behind such dramatic accomplishments—"pay-offs" if you will—stand years of unsung basic research. It is difficult for a layman to get excited about the discovery that polio will grow in kidney tissue culture from a monkey. Needless to say, any failures in other animals and tissues preceded that discovery. But as soon as that discovery was made, it was clear that the development of an effective polio vaccine was just a matter of time and industry. Today, the discovery or development of an experimental animal model for a disease virtually assures the conquest of the disease.

Consider the scores of thousands of our fellow citizens vegetating in state hospitals for the demented. Their care is token at best. The cost to the taxpayer is high. Add their loss to society as producers and consumers and the burden is heavy indeed. It will become heavier as the demands for more humane treatment grows. But surely it is not humane treatment that will restore these citizens to society. Is it unreasonable to expect that a fraction of their cost should be applied to finding the causes and eventually the cures of the dementias?

To be sure, government-sponsored efforts in medical research have sometimes been misguided. The costly nationwide, cooperative, clinical study of cerebrovascular disease in the early sixties was, in my opinion, a near disaster. Little came of it because basic knowledge of the pathogenesis of this disease was, and still is, terribly inadequate. We were nowhere near ready for a vast clinical field study. A fraction of the money spent would have been much better applied to more basic aspects of this complex group of diseases. Mistakes have been made, but I know that the National Institutes of Health learned that particular lesson well. There can be no doubt that the quality of research that has been funded since then, in this and in other diseases, continues to improve every year.

The Administration's drastic shift from grant-supported research to "targeted" or "contract" research represents the most dangerous aspect of its policy—much more so, in my opinion, than the absolute cut in total appropriations. What it augurs, inevitably, is a new technocracy in medical research. I am all for planning in any field of endeavor. But the waste that this kind of planning presumes to eliminate will be multiplied instead. Scientists will trump up research projects because they are what the government is buying at this time, and they will find wasteful guises in order to eke out a fraction of what they are really interested in. The incentive for research will shift from the pursuit of an engaging and driving idea—which is what it should be—to the pursuit of financial support.

Let me tell you an important story. It is a recent story but by no means unique in the history of scientific progress. In the mid sixties, a group of medical scientists from the NIH went to the wilderness of New Guinea to study a curious degenerative and fatal disease of the nervous system which existed only among the members of one cannibalistic tribe. The natives called it Kuru. The scientists had become interested in the disease because of some rather vague resemblance to certain diseases which afflict us. It was perfectly reasonable of them to assume at the time that this was an inherited disease in an isolated and inbred tribe; the inheritance might be partly sex-linked since it was more prevalent among their women than men. The geneticist on the team was very busy. Only for the sake of thoroughness was one of the scientists allowed to inject a small amount of diseased brain into the brain of a number of different species of animals. It must have seemed a costly whim to keep all those animals because nothing happened for well over a year. Then one of the injected species came down with the disease. The team immediately shifted gears and it finally turned out that Kuru was not at all an inherited disease but an infectious, transmissible disease caused by a virus which attacked the cells of certain parts of the brain. The virus was transmited mostly, if not only, by cannibalism, and it was the women who did most of the ritual eating.

It is doubtful that a target-oriented technocrat in Washington would have ever supported this investigation to begin with. Even the practical conquest of

one disease in one small aboriginal tribe (stop eating each other), the moral bonus notwithstanding, probably would not justify the expense in a cost-conscious period. But what was really important about this investigation was the amazing discovery of the existence of a "slow virus", the principle that a virus can invade man, remain dormant for a long time, and then cause a prolonged fatal disease. New Horizons opened immediately. Before long, a rare but dreadful "degenerative" disease of the central nervous system of wide distribution in the world (Creutzfeldt-Jakob disease) was also shown, using a similar approach, to be caused by a transmissible virus with a dormant period of some fifteen months. Even more important, much more prevalent diseases like multiple sclerosis, which cripples individuals just as they enter their productive years and have assumed family obligations, may also be caused by a slow virus. Before this curious venture to New Guinea, the idea that multiple sclerosis might be an infectious disease was mostly the private notion of a few individuals who thought that syphilis is the root of all evil. Important advances will no doubt some of this slow virus line of medical research, all because some crazy guys decided to go to New Guinea in the sixties, and for the wrong reason at that.

What I am trying to point out are a number of important principles. Any scientist who goes into the laboratory without proper training and a hypothesis is a fool. But show me the experiment, no matter how thoroughly conceived, in which something unexpected did not turn up. There are not many. Often the unexpected is trivial, but often enough it is as important or more important than the idea that prompted the investigation. Research is not a technology. It is a creative discipline which, like all creative activities, requires an atmosphere of intellectual freedom. Without it, it collapses, as it did in Nazi Germany. Technology is only the stepchild of basic research, and it too eventually will wither without the sustenance of free and imaginative research. Nor can research be turned on and off like a motor switch by money. It takes many years to build up the capacity for productive research. It is mainly in the last ten years that we have seen the results of the effort mounted after World War II. The results are most impressive. They will continue to accelerate if only a modicum of growth in federal support is maintained. But if support falters the deceleration will be just as dramatic. To lose momentum at this point, for the sake of some one hundred million dollars, strikes me as fiscal folly and betrays a perverse sense of values.

Despite careful and detailed reports which have demonstrated that the government's support of training grants for post doctoral fellows has been highly effective in providing the bulk of the medical academic community in recent years, the Administration has chosen to terminate them. Those years of vital early training are hard enough right now with the modest stipends provided by the government. Who will furnish the teachers and investigators of our medical faculties when the training grants are gone? There is no other source, unless we are willing to downgrade the teachers of the next generation of physicians. The standards of quality in medical care we have reached cannot be maintained unless those who must set the example are given the opportunity to be prepared to do so. Throw the responsibility on the lap of the professional practitioner and standards will erode; he is too busy making a living. I am not a member of the AMA and I am not against the institution of tighter controls on the quality of medical practice. But I am against those controls if they cripple the academic communities of scientific medicine, because the source of all standards to be applied has to be the academic community. By eliminating the post doctoral training grants, the Administration is cutting the lifeline of that source.

Yours sincerely,

RICHARD DEFENDINI, M.A., M.D.

Mr. BRADEMAS. I have just two quick questions that I want to put to Mr. Roberts and Dr. Klein before we move on.

Mr. Roberts, I'll put it this way: I go out to nursing homes and I see people in them, and I find it a very moving experience, often a very depressing one, because, at least as I perceive it, the people are often treated like little children.

I am wondering what you can tell us, and maybe the others will want to comment on this very briefly, about this business of isolating older

people in a physical structure and, in effect, having them live apart from younger people.

Mr. ROBERTS. First, what can be done about it after we've got the information, that is, how do we get the information to the managers of these institutions, and can there be remedial things done. We can do this through our own contacts and through publications, and through management training.

I have found through research at these centers when you talk to the people, they are well-meaning; they just don't realize what they're doing.

Second, in regard to their being treated as objects, this is really when they come to feel dead and all of these things and they just become objects and they lose control of their environment and they have less and less interaction. It's the nature of our system; the way it works today it forces them into this gradual going back and pushes them finally into a bed or a wheelchair, not by choice but it's just the way the system works.

And the third thing, isolation, we found some tragic instances of this where people are forced completely out of it by physical circumstances where their friends which have been close to them cannot get them because either they don't drive, they cannot walk there, they cannot negotiate the stairs, or it's too far, et cetera; and when this occurs, people turnoff and there is no longer interaction; they just turnoff.

Mr. BRADEMAS. Thank you.

Dr. Klein, again, as a politician, I am interested in whatever implications there may be for the political life of a democratic society, in the results of your research in persuasibility and conformity on the part of the elderly. I am intrigued but I am also a little fearful.

Dr. KLEIN. We are going to have to be concerned with who has the power to use these mechanisms. In the area of politics, for example, it would be nice to know how to obtain votes or how to get the particular forms of legislation passed by knowing the way to gain support of particular types of people. Hopefully this would always be in their best interest in assessing their needs and hopefully addressing one's self to meeting those needs.

However, on occasion you will find that people will go in opposite directions in that idealistic pathwork.

Dr. BENGTSON. It is of concern to me in a slightly different way. There are some 15 million voters who are elderly. Today they have not gathered themselves into an effective force in behalf of their own interests.

I think, for example, if the information concerning the programs that are now before Congress and will shortly be before the President were disseminated among them, this would represent a potential political force in behalf of the older American not only today but tomorrow.

Some of the organizations in this country use that force rather effectively. In 1960 the membership of the American Association of Retired Persons was, I believe, 4,000 members. In 1973 there are almost 5 million members of that organization.

Mr. BRADEMAS. Well, gentlemen, I think you can see from our questions that you have both stimulated and illuminated us by what you

have told us. We could, I am sure, spend the rest of the day asking questions; but we have two more panels, as you know.

We are very grateful to all of you for what you have told us.

Can we now turn to a panel on training in aging chaired by Dr. Ruth Weg, associate director for training at the Andrus Gerontology Center; and the chair will declare a 5-minute recess, Dr. Weg, before you get started?

[Short recess.]

Mr. BRADEMAS. The subcommittee will come to order.

We are very pleased to have Dr. Ruth Weg and her associates, who will discuss with us the question of training in aging, and, again, the Chair would note that we have after this panel a third and final panel, and the Chair hopes, therefore, Doctor, that you and your associates can make your observations in a summary fashion. All of your statements will, of course, be included in the hearing record.

Please go right ahead.

Dr. WEG. Thank you.

[The statements referred to follow:]

OVERVIEW OF EDUCATION AND TRAINING AT THE ETHEL PERCY ANDRUS GERONTOLOGY CENTER

(By Ruth B. Weg, Ph. D., Associate Director for Training)

GERONTOLOGY EDUCATION AND TRAINING: THE NEED TO CONTINUE AND EXPAND

"What is necessary is the development of innovative and creative programs to provide training for the total range of occupations providing services to older persons, and specifically for **professional and scholarly programs* preparing people to work in the field of aging. The decade of the 1970's is the decade in which major plans for training must be put into effect. Crucial to the national effort to provide training at all levels is the development and implementation of programs to train the trainers."

This quote from the recommendations on training issued this year (1972) as a result of the White House Conference on Aging (December 1971) eloquently underscores the urgency for maintaining and expanding training of personnel at all levels: scientific, teaching, professional and para-professional: in research, education, and training, and in community services.

Information now available from the 1970 Census points to the dramatic increase of the over 65 by 63.1% from 1960–1970, while the under 45 increased only 30.5% during that same period. It is now estimated there will be between 30 to 45 million over 65 by the year 2000. Further, the over 75 group is increasing at the greatest rate of all.

The shortage of trained personnel will require a mobilization of all current facilities and talent plus the development of additional programs and personnel. Leadership with expertise in gerontology needs to be developed to plan for the future with the burgeoning middle-aged group, to realize the potential of the older persons in the community, and to integrate their changing roles and requirements with other segments of the population. The inner cities across the country are faced with the conflicts and realities of overcrowding, pollution, poverty and minority strivings and pose issues that are acute for persons beyond middle age. In inner cities, the aged of ethnic groups comprise a large section of the economically, psychologically and socially deprived, characterized by poor health and maladaptive behavior. Particular attention to minority needs relates not only to the well being of the elderly, but to expectations of minority youth since the older persons may be viewed as models for future generations. Innovative effort is called for in marshalling resources in research, education and services with the aged, minority and majority.

Positive signs from both academic and community-based activities for the aged and the study of aging are just beginning. To consider severe cutbacks co-

incident with the growing aged population, the well documented personnel needs and the Administration's commitment to the aged at the White House Conference on Aging in December, 1971, would appear to be most unfortunate and untimely.

While the philosophical concern with the human condition and with aging may be in greater evidence than 10 years ago, many individuals and educational institutions already in economic stress, will be unable to participate as trainees or trainers without financial assistance. The field has not yet achieved the stature in the eyes of the nation or the inner resources to attract sufficient students and professionals without support monies from the public sector.

The announced withdrawals of training funds could abort the long overdue development of an emergency field of Gerontology.

A couple of months ago I received the 1971 White House Conference on Aging Section recommendations on training. I commend it to your careful study. Let me read a brief excerpt from the preamble: "The resolution of these significant human problems requires a large cadre of personnel trained in and committed to the field of aging. What is necessary is the development of innovative and creative programs to provide training for the total range of occupations providing services to older persons, and specifically for professional and scholarly programs preparing people to work in the field of aging. The decade of the 1970's is the decade in which major plans for training must be put into effect. Crucial to the national effort to provide training at all levels is the development and implementation of programs to train the trainers."

We agree then—a critical shortage exists of trained personnel in the field of aging. A little more than a third of a million people are working today with and for 21 million older Americans. In 1968 the then retiring Secretary of Health, Education, and Welfare, Wilbur Cohen, predicted that more than a million workers will be needed in 1980—only 7 short years away.

Not very much has changed that picture since the White House Conference on Aging in December, 1971. On the contrary these are days of great concern indeed—the future of training programs all over the country are faced with uncertainty. The definitive pledge of the Administration at the White House Conference on Aging is in jeopardy by virtue of the Presidential veto of monies and programs. If much of training is set aside as a wasteful frill, services to the elderly, today and tomorrow, will be left to the unknowing, unskilled—undone by what may be classified in the future as the shortsightedness of a budget.

What and whom do we need?

Specifically, teachers and researchers in colleges, universities and professional schools with programs in aging and for the aged; federal, state and community personnel in planning and administration; workers in senior centers; management personnel in retirement housing; personnel for convalescent, nursing homes and hospitals; personnel in other direct services to the elderly, as in community and home delivered services; recreation personnel; social workers in one-to-one relationships and finally there are those that are now more than ever desperately needed for action and advocacy. The longer I stay with the concerns of aging and the aged, the more I learn—and our training program is now in its 7th year—the longer grows my list of essential personnel for the field.

Let us look at how we have tried to fill the need

The Andrus Center's overall training program has grown from 23 students in 1966 to 56 today—from a doctoral degree program to three different degree awarding patterns today. 1) In environmental studies, which includes architecture and urban and regional planning, the students work towards a master's degree. 2) A doctorate is the ultimate objective of the trainees in biology, psychology, social work and sociology. 3) The Fall of 1973 will find some students enrolled in a new, unique joint degree program-masters in social work and masters in public administration with a specialization in aging. The graduates of this program will move into the field as middle level administrators and planners, so crucial to the purposes of agencies and local programs dealing directly with older persons.

Although our major educational efforts to date have been with the graduate, since 1970 we have developed courses to interest and serve increasing numbers of undergraduate students. The positive response of hundreds of students to these interdisciplinary classes in introductory gerontology and human development

gives witness to student concern for the human condition. What we do has been in terms of a particular view of the questions in aging that require answers, in terms of the changing needs of older individuals and society.

The Ethel Percy Andrus Center is committed to an educational philosophy which recognizes the complexity of human development. And since there are many dimensions to 'being and growing human', this multidisciplinary training program in adult development and aging includes architecture, biology, social work, sociology, physical education, psychology, public administration and urban and regional planning. It is with the insights, information and energies from all these disciplines focusing on aging and the aged that we may better understand the inter-dependence of the emotions and the body in any one individual, the transactions among individuals, and the significant interaction between the individual and the environment. Our instructional philosophy is also expressed in the concept that education and training of future personnel in aging needs to take place through the Center's activities of research and community projects as well as in the classroom.

What goes into the education and training for Gerontology at the Center?

Incoming graduate students must first be accepted into the department of their choice. After identifying gerontology as their interest, they are considered for traineeships by a committee of Preceptors and students. As students in the aging program they fulfill the requirements of their discipline, and of the Center with a variety of courses and seminars. Colloquia brings visiting lecturers who provide different perspectives in gerontology for faculty, staff and students. Another major source of information and stimulation is the Center's unique Summer Institute program, offered for the first time in 1967 with eight courses. This summer, six years later, there will be a greatly expanded Institute offering thirty different classes from architecture to philosophy, and a number of newly organized undergraduate and graduate courses. This is indeed a multidisciplinary/interdisciplinary educational experience. Faculty, students and professionals with differeut interests are brought from all over the country for an exchange of ideas in research and practice. Our students are encouraged to incorporate a field work assignment, in some community or institutionalized setting with the elderly, to add a real life situation to the books and papers of academe. Many of the trainees act as discussion leaders and teaching assistants in semester courses, continuing education institutes and the Summer Institute. They also make presentations to a variety of community organizations such as the United Automobile Workers Retirement Group. Parttime and summer work projects of great practical importance to the aging population have involved some of our students. This past summer two students were employed by the California Commission on Aging charged with preparing Los Angeles and San Bernardino Counties administratively for the federally funded nutrition program for the elderly. Trainees also learn to tackle some basic questions in the study of aging. They are part of ongoing research in the laboratories of the Center; in environmental studies (planning, housing and environmental sociology); in biology, as in the biology of behavior (in the neuro-chemistry of learning); and in the molecular aspects of development and aging, in social gerontology and in psychology. An exciting intercourse with older persons has been developed with the membership of the American Association of Retired Persons and the National Retired Teachers Association, at times through locally based chapter meetings and also through camperships during vacation holidays. We all perceive these as marvelous opportunities to bridge any generation gap against the inviting backdrop of a holiday perspective and the beauty of nature.

Yet another happy connection from these two organizations to the training program relates to the scholarships already provided in the name of Cecilia O'Neil and George Schluderberg to six of our students, three of whom might not otherwise have been able to continue their studies without this help.

Attendance at scientific meetings for exchange of information and ideas and the defense of research findings are viewed as important steps for students and faculty in the development of critical thinking and the professionalization from student to worker in the field of aging. At the 9th International Congress of Gerontology at Kiev in the Soviet Union, sixteen students and faculty presented their work. This past December at the Gerontological Society Meetings in San Juan, Puerto Rico, nineteen of our students participated.

In October Andrus Center students and faculty hosted a National Conference on "Role of Institutions of Higher Learning in the Study of Aging" which brought together students, faculty and administrators from all levels of higher education, community colleges, four year colleges and universities; regional, state and local commissions on aging, governmental support agencies, congressional leaders and representatives of oranizations of older persons and the community. In this effort we had the financial support of the National Institute of Child Health and Human Development, the Administration on Aging, the National Institute of Mental Health and again A.A.R.P./N.R.T.A., a unique cooperative undertaking. There was a sense of a 'first' about this meeting as individuals from many levels of government, community and educational institutions came to confront their concerns about a common focus—aging and the aged.

Yet another aspect of trainee life is important to student professional growth in aging and the healthy development of Center activities—the trainee organization. The students have formalized their involvement with a Graduate Student Council that meets regularly to deal with matters of concern. For example, planning semester student activities, promotion of inter-disciplinary interactions and student grievances. Trainees for each disciplinary area are represented on the Preceptor-Student Committee so that decision and policy making related to trainees, curriculum, colloquia and personnel are in fact joint faculty-student enterprises. We seek out student participation in the evaluation of the Center program and purposes.

Finally—where have all our graduates gone?

They are some measure of our success as an educating force for aging. In the period since 1967 (and not including the many hundreds who have attended the Summer Institutes and the thousands who have participated in the continuing education institutes) 129 people have received education and training in aging through the Andrus Center. Forty-four degrees, both masters and doctorate, have been granted. To enumerate each one would be impossible and not very profitable with the time constraints. Perhaps it would sum up the impact of the program to note that there is great demand for our trainees from all over the country. The demand exceeds the rate at which we are able to graduate our trainees with an appropriate exposure in research, education, training and community projects.

Some of the placements

One of the graduates functions as Director of Architecture and Environment for the Gerontological Society. He is responsible for special symposia at the Society's meetings and also serves as a resource in environment and aging for those people across the country who call on him. Another is Assistant Professor at the University of Arizona at Tucson in the program for training retirement housing administrators. A graduate in biology is now a second year post-doctoral investigator in the Aging Studies Laboratory at Oak Ridge National Labs in Tennessee. Still another is at work as Field Instructor in the Gerontology Training program at the University of Utah, Salt Lake City, Utah. A recent graduate in Urban and Regional Planning is Project Coordinator for the Model Cities Program in Compton, California. The Executive Director of the Governor's Commission on Nursing Homes for the state of Maryland is one of our graduates. An Associate Professor of Sociology in the Aging Studies Program at the University of Southern Florida is one of our recent doctoral graduates in sociology. A June '72 graduate in psychology is at work at the newly organized All University Gerontology Center at Syracuse University in Syracuse, New York. Yet another graduate in psychology is at work with David Arenberg, the Chief of the Section on Human Learning and Problem Solving at the National Institute of Health Gerontology Research Center in Baltimore. A social work graduate is Acting Chief of the Education Section, Office of Long Term Care Services and Mental Health Administration at the office of Health, Education and Welfare.

What's ahead for education and training for Gerontology?

What tasks are we committed to? Energy will be needed to maintain and use our leadership role in education for Gerontology so that maximum activity can be achieved in the growth of knowledge, in the translation of that knowledge through the ever larger numbers of students, in the sharing of information and skills among programs, and in the extension of the educational institution into the community for an exchange of expertise.

A variety of approaches will be identified to provide materials, methods and personnel so that learning becomes a life-long available pursuit of one or a number of careers.

It will be necessary to continue to so spread the word without myths and stereotypes about aging and the aged, that people at all levels from kindergarten through the older years will see human development as a continuum—each age and stage an integrative step to the next. Growth of the human personality and adaptive characteristics can then be anticipated to continue from birth to death. Eric Hoffer's "we can learn" still rings happily in my ears.

Efforts will include programs and support to enlarge the faculty and student numbers in each discipline.

We are committed to extend our multidisciplinary philosophy more actively to those departments and schools that have given evidence of interest. For example, a committee of University departments set up a task force on Humanities and Gerontology. Out of this past year's discussion came the participation of their faculty in classes at the 1972 Summer Institute, attendance at the International Congress of Gerontology in Kiev, and the design and departmental acceptance of three new courses for the 1973 Summer Institute for Study in Gerontology. We are committed to an increase in the variety and depth of activities in curriculum, institutes, colloquia, research opportunities and community experiences for the graduate students. And we plan to increase the number of undergraduates whose concern for human values we seek to satisfy. We hope to create an atmosphere conducive to the optimum interaction among students, faculty and community so that education and training at the Andrus Center may contribute most efficiently to the ultimate concern—a better quality of life for the last half of life. All of this is possible only if more faculty and students in the nation can be supported to carry forward education, training, research and community service from the beginnings that I've described.

And so we've come full circle and return to the social and political environment in which we live. The next few years will be a period at risk in which many training programs may be dismembered, and we may lose some of the hard earned ground gained since 1965. However, much of the recent activity has indicated real concern on the Hill in Washington. With that concern, coupled to the response of the professional community in aging, and your help, I look for Congress and the people to prevail so that training programs will at least be maintained to grow stronger another day.

Perhaps through our students and their works, future old age could be as Simone de Beauvoir and most of us would hope, "existence, different from youth and maturity, but possessing its own balance and leaving open to the individual a large array of possibilities."

TRAINEES JUNE 1967–1972, CAREER PLACEMENT OF GRADUATE

Name	Degree/field	Present affiliation	Title
Berlant, Paul	M/Pl. Urban and regional planning.	Planning Department, City of Fullerton, Fullerton, Calif.	Urban and regional planner.
Byerts, Thomas	M/Arch. Architecture	Gerontological Society, Washington, D.C.	Director of architecture and environment.
Caggiano, Michael	M/Arch. Architecture	Medical Planning Association, Malibu, Calif.	Associate planner.
Dempsey, William	M/Pl. Urban and regional planning.	Council on Aging, Springfield, Mass.	Town planning.
Gelwicks, Louis	M/Arch Architecture.	Gelwicks and Walls and Associates, Architects and Planning Consultants.	Consultant.
		Andrus Gerontology Center, University of Southern California, Los Angeles, Calif.	Research associate.
Lemon, Bruce	M.A. Sociology	Department of Sociology, Humboldt State College, Arcata, Calif.	Assistant professor.
Newcomer, Robert	M Pl. Urban and regional planning.	Urban and Regional Planning, Andrus Gerontology Center.	Preceptor.
		Department of Urban and Regional Planning, University of Southern California, Los Angeles, Calif.	Lecturer.
Proppe, Hans	M Arch. Architecture	California Institute of the Arts	Assistant Professor.
		School of Architecture, University of Southern California, Los Angeles, Calif.	Instructor.

TRAINEES JUNE 1967–1972, CAREER PLACEMENT OF RADUATES—Continued

Name	Degree/field	Present affiliation	Title
Reisenfeld, Mark	M/Pl. Urban and regional planning.	Planning Department, City of Copton, Compton, Calif.	Urban and regional Planner.
		Model Cities program, Los Angeles, Calif.	Project coordinator.
Stutz, Joseph	M/Arch Architecture	A. C. Martin, Architects, Hospital Planning Department, Los Angeles, Calif.	
Woolard, William	M/Arch. Architecture	Regional Planning Commission, County of Los Angeles, Los Angeles, Calif.	Planning assistant.
Bick, Michael	Ph. D. Biology	Department of Biological Chemistry, Harvard Medical School, Boston, Mass.	Research fellow.
Brockman, Robert	DSW Social Work	School of Social Welfare UCLA, Los Angeles, Calif.	Associate professor.
Chapman, Elizabeth	Ph. D. Physical Education.	Department of Physical Education, Western Illinois University, Macomb, Ill.	Assistant professor and director of research.
Damon, Lyle	Ph. D. Physical Education.	Proctor-Hug High School, Reno, Nev.	Instructor, science and mathematics.
Evans, Steven	Ph. D. Physical Education.	Department of Physical Education, San Francisco State College, San Francisco, Calif.	Assistant professor.
Graham, Claire	Ph. D. Sociology	Department of Sociology, Occidental College, Los Angeles, Calif.	Do.
Griffor, William	DSW Social Work	Graduate School of Social Service, Arizona State University, Tempe, Ariz.	Do.
Haddad, Aness	Ph. D. Sociology	Department of Sociology, Loma Linda University, Loma Linda, Calif.	Do.
Hirsch, Gerald	Ph. D. Biology	Oak Ridge National Laboratorys, Oak Ridge, Tenn.	Postdoctoral investigator.
Jeffrey, Dwight	Ph. D. Psychology	Department of Psychology, Louisiana State University in New Orleans, New Orleans, La.	Assistant professor
Kemp, Bryan	Ph. D. Psychology	Behavioral Science Vocational Services, Department of Research and Education, Rancho Los Amigos Hospital and Rancho Los Amigos University, Los Angeles, Calif.	Research analyst III.
Klein, Ronald	Ph. D. Psychology	Department of Psychology, Andrus Gerontology Center, University of Southern California, Los Angeles, Calif.	Assistant professor.
McDonald, Archie	DSW Social Work	Department of Social Welfare, California State College, Chico, Calif.	Professor.
Mangum, Wiley	Ph. D. Sociology	Aging Studies program, University of South Fla.	Associate professor.
Martin, William	Ph. D. Sociology	Department of Sociology, Chico State College, Chico, Calif.	Assistant professor.
Moriwaki, Sharon	Ph. D. Sociology	School of Social Work. Andrus Gerontology Center, University of Southern California, Los Angeles, Calif.	Do.
Perrow, Barbara	Ph. D. Public Administration.	School of Public Administration, University of Southern California, Los Angeles, Calif.	Do.
Poorkaj, Houshang	Ph. D. Sociology	Department of Sociology, California State Fullerton, Fullerton, Calif.	Associate professor.
Russell, Constance	Ph. D. Sociology/education.	School of Education, Boston University, Boston, Mass.	Assistant professor.
Simos, Bertha	DSW Social Work	School of Social Work. University of Southern California, Los Angeles, Calif.	Do.
Solomon, Barbara	DSW Social Work	School of Social Work, University of Southern California, Los Angeles, Calif.	Associate professor.
shead, Frank	Ph. D. candidate Public Administration.	School of Public Administration, University of Southern California, Los Angeles, Calif.	Instructor.
Baba, Ronald	Ph. D. candidate Architecture.	School of Public Health, University of Texas, Houston, Tex.	Research associate.
Dieppa, Ismael	DSW candidate Social Work.	School of Social Work, University of Southern California.	Lecturer.
		The East Los Angeles Mental Health Training Center, Los Angeles, Calif.	Director
Eaton, Thelma	DSW Social Work	Department of Sociology, Whittier College, Whittier, Calif.	Associate professor.
Kershner, Paul	Ph. D. Public Administration.	Governments Commission on Nursing Homes, State Office Bldg., Baltimore, Md.	Executive director.

TRAINEES JUNE 1967-1972, CAREER PLACEMENT OF GRADUATES—Continued

Name	Degree/field	Present affiliation	Title
Klempner, Jack	Ph. D. candidate Public Administration.	Retirement Housing Administration, College of Business and Public Administration, University of Arizona, Tucson, Ariz.	Assistant professor.
Eisner, David	Ph. D. Psychology	Department of Psychology, Patterson State College, Wayne, N.J.	Do.
Gusseck, David	Ph. D. Biology	Loma Linda University Medical School, Department of Biochemistry, Loma Linda, Calif.	Do.
Seguin, Mary	DSW Social Work	School of Applied Social Science, Case Western Reserva University, Cleveland, Ohio.	Senior research associate.
		RSVP	Project director.
van Orman, Roy	M/PA 3d yr certificate S.W.	Gerontology Training Program, University of Utah, Salt Lake City, Utah.	Field instructor.
Woodruff, Diana	Ph. D. Psychology	Department of Psychology University of California at Los Angeles, Los Angeles, Calif.	Assistant research psychologist.
Garber, David	DSW Social Work	Behavioral Science Division, MEDEW-ZNP, U.S. Army Medical Field Service School, Fort Sam Houston, Tex.	Major.
Kelley, Hugh	DSW Social Work	Behavioral Science Division MEDEW-ZNP, U.S. Army Medical Field Service School, Fort Sam Houston, Tex.	Do.
Madeo, Jack	M/Pl. Urban and regional planning.	Department of Community Affairs, State of New Jersey, Trenton, N.J.	Urban development specialist.
Sloan, Hugh	DSW Social Work	U.S. Public Health Service, Community Health Service, Health Care Resources, Rockville, Md.	Acting chief education section, office of long-term care services.
Kasschau, Patricia (Chaplin)	Ph. D Sociology	Andrus Gerontology Center, University of Southern California, Los Angeles, Calif.	Research associate.
Robertson, Elizabath	Ph. D. Psychology	Gerontology Research Center, Human Learning and Problem Solving. Baltimore, Md.	Do.
Mathieu, James	Ph. D. Sociology	Department of Sociology, Loyola University, Loyola, Calif.	Assistant professor.
Ross, Michael	Ph. D. Public Administration.	Economic Youth Opportunity Agency, Los Angeles, Calif.	Contract administrative specialist.
Laurel, Noel	Ph. D. candidate Social Work.	Southeast Community Mental Health Institute, San Antonio, Tex.	Supervisor of social services.
Abrahams, Joel	Ph. D. Psychology	All University Gerontology Centers, Psychology Department, Syracuse University, Syracuse, N.Y.	Assistant professor.

STATEMENT OF ROSALYN BENITEZ, SECOND YEAR DOCTORAL IN SOCIAL WORK, DEGREE COMPLETED IN SUMMER, 1973

(Research Interest: The needs of older people beyond income and how these differ depending on life circumstances. The objectives have to do with the quality of life for older people in relation to social policy, programs, practice and education of future students.)

Initially I was not attracted to the field of aging. After receiving my master's degree I worked for several years in practice in a family agency that offered service to the elderly and did the intake for a local home for the aged. It was a mark of seniority to avoid working with the aged so that as a new social worker I had little choice and the message from colleagues and superiors was not a positive one. I think this is generally true in the field today as well; the professional looks more hopefully to the young, adolescent and young adult as profitable populations for receiving help.

After awhile I began to enjoy working with older people and was asked to be a consultant to the director and members of a senior citizen program in the community. The director had such enthusiasm for this group and the members themselves were so appreciative of help that my own enthusiasm grew as a result. This was a great relief to some of my colleagues who hoped they would not have to take over this job assignment.

In 1966 I was hired by UCLA School of Social Welfare as an instructor in the field to practice teaching with the aged and do some classroom teaching as well.

Again colleagues who had been teaching this area did so with little enthusiasm and relief was great that there was someone who did not object and even seemed to be happy about it.

Students began their education in the master's program with fear, dislike and reluctance in working with the aging. Exposure to a teacher who actually was enthusiastic, a good clinician with all age groups and one who looked at the total life cycle was a new experience for them and many of them became equally enthusiastic and several have since become social workers with the aged. If not for this exposure in the arena of education this would not have happened.

As a practitioner working with older people and as a teacher in the profession I often felt isolated from other professionals who had no interest in this area and then there were few people involved in aging. When the Gerontology Center was begun at USC I began to take some summer courses. For the first time I found myself with other people who were interested in the aging and with whom I could learn, talk and compare notes. This enriched my teaching experiences and then I began to think about going on for doctoral education in gerontology, which I am now doing. The Center represented the first contact with an area of knowledge and people who saw aging as important and wanted to expand knowledge, research and practice areas. It was like a shot in the arm. I was able to impart to students the feeling of growing respect that existed in all fields for this area of life stage. To students this represented a growth in status of the area of aging and more students requested the program.

Some of these students are now teaching in the area of aging as well and I believe that the quality of services has improved as they are offered to older people. More intergenerational practice is being offered and this has enhanced family life and worked toward closing what has been a generation gap.

My own gains from education here at the center have been enormous. My information has been updated in a most efficient manner. My knowledge has expanded and I have begun to see new ways of combining this with practice and improving practice. The Center has offered an exposure to the most knowledgeable people in the field of aging both in classes and through conferences. My appreciation of other disciplines and how they all interact and what they have to offer has grown enormously, so that any future work in the community will be enriched. In this way, my utilization of both knowledge and persons will be greater, will avoid duplication and be more accountable. In addition I now see where research can be combined with service in order to have better programs and services.

My own research is addressed to the needs of older people beyond income in order to enhance the quality of life. This is important for many reasons but has become increasingly important as more grandparents are taking over the parental roles to grandchildren. Also grandparents are more helpful to their own children both directly and easing the children's concerns so that they are less pressured and can become better parents. My research is empirical in nature and will consist of actual interviews with retired people to determine what in their lives differs and how this produces different needs. Programs and policies for the elderly may have to be more diverse and responsive to various needs rather than stereotyping. There will be feedback from this to the knowledge area of gerontology and to the education of future social workers so that they can begin at a more progressive step.

My own goals are to return to teaching and practice, with the possibility of administration and consultation as well. The research component will continue and can be woven into all areas. It is important to know what is not known or what needs to be tested further in order to make research more meaningful. This will, in the process, make for more efficient services. There will be less waste of time, money, human services as a result of the information I have and know where to find. With a greater respect for the aged, the professional will be able to see them as more independent. They can be expected to work at meaningful tasks as volunteers and part time employees so that more services can be offered. This avoids seeing older people as hopeless, helpless and useless.

STATEMENT OF JOSEPH JAMES BONNER, FIRST YEAR DOCTORAL IN CELLULAR AND MOLECULAR BIOLOGY, DEGREE COMPLETION PROJECTED FOR JANUARY 1975

(Research Interest: Molecular Mechanisms of Cecil Communication During Development and Aging.)

At this particular time in history, Man is on the brink of some of teh most profound discoveries. The past half century has seen the implementation of electricity

for the common use of the people, the utilization of drugs to cure infectious diseases, the harnessing of atomic power, and countless others. But Man is just beginning his scientific era. Now the technology is available to cure many of the problems technology has created. In time we will clean the pollution from the air and the water. We will make our cities more environmentally pleasing. We will find cures for the chronic, disabling diseases of old age. The technology is now available to solve the problems of cancer, heart disease and congenital anomalies. It is only a matter of time, patience and money. It is in this spirit that I chose a career in scientific research.

Before I became affiliated with the Gerontology Center I had primary research interest in developmental biology. There are many molecular phenomena or processes in the development of all organisms that are currently under intensive research. The primary problem relates to the 'how' of organ formation. It is generally agreed that all organs form by the molecular interaction of two cell layers. The cells communicate with one another in order to insure an integrated, concerted effort to form the organ of choice. It appears that all organs in the human body form in this way. After development many factors are at play that are responsible for maintenance of the organs, and for the performance of specific functions important to health. In aging we see a deterioration of many of the body organs, continuing until death.

Since affiliation and funding through the Andrus Gerontology Center I have widened my research concerns to include aging. The professors at the Center brought my attention to the similarity of the problem of aging in the problem of development. Many organs continue to develop throughout the life span of the individual. One example is the skin and how it changes with time. Another is the continuing production of cells and the concomitant hardening or sclerosis in the lining of the blood vessels producing the syndrome known as arteriosclerosis.

One may ask, is research a worthwhile investment for society? Is the training of individuals for the implementation of research a worthwhile investment for society? It seems to me that the technological and biological revolutions have just begun. The present laser beam surgery, vaccination programs, artificial kidney and heart machines are but a few of the benefits to society from research. The prospects are infinite. The goals should be unlimited. The retardation of aging, the elimination of disease will open a whole new segment of society to a life of high quality and fulfillment. A segment of society that is increasing in numbers and will continue to do so for many years to come. It is my hope that in some small way new knowledge from my own research will contribute to the improved quality of life for older people.

But Man is not just a complex of molecules. He is a self, a part of a community, a part of a nation. He lives in an environment that he has created. As a developing scientist the experiences at Andrus Gerontology Center have shown me that the problems of aging are truly interdisciplinary. One cannot look at the part without being aware of the whole. The Center gives me the opportunity to interact with the other disciplines to keep abreast of their developments and to help those in other disciplines to become aware of biology. It is a system I hope to propagate wherever I go.

Statement of Rosalie Gilford, Third Year Doctoral in Sociology, Degree Completion Projection for June 1974

(Research Interest: "Sexual and Affectual Expression In The Elderly.")

I will identify myself and briefly address four issues in this statement: (1) my interest in the field of gerontology, (2) the meaning to me of the education and training I am receiving here, (3) how I will use my training, and (4) the long term effects of my research.

I am a third year doctoral student in the sociology department at the University of Southern California, and a funded trainee in the Andrus Gerontology Center here at the university. My areas of specialization in sociology are social psychology and the sociology of age. In general, my interests in these areas focus on the changing nature of the relationship between the individual and the social system with the passage of personal and societal time.

1. INTEREST IN THE FIELD OF GERONTOLOGY

Gerontology originally held no attraction for me, with its connotation of poverty, aging, sickness, and death. My interests lay in the sociology of the family.

I had been accepted into the doctoral program in sociology and had entered with the purpose of doing research on the process and outcome of therapeutic interventions in family interpersonal interaction.

A financial problem and a piece of luck combined to place me literally "in the field" of gerontology. Our eldest son entered a private college at the same time that I entered graduate school. We could not support two college students; I had to find a way to finance my education. A research associate was needed on The Study of Generations then, and now, in progress at the university and at the center. Professor Vern Bengtson, the principal investigator on the project, needed a field worker to pretest his questionnaire on a number of grandparents. I had had experience in interviewing, was found to be suitable, and got the job.

For the next six months I carried 8 units of course work, maintained a 3.5 grade point average, took care of my home, husband, and three sons, and worked 20 hours a week travelling all around the Los Angeles area to interview grandparents in their homes. It was difficult and demanding work, and also very interesting. At first, I had no time to find out about the family program, and then I no longer was interested in it. I was excited about what I was doing, and saw an opportunity for intellectual development, as well as for the satisfaction of eventually making a contribution to the science of sociology. I applied for a traineeship at the Gerontology Center, and received one at the beginning of my second semester of graduate study, in January 1971.

2. THE MEANING TO ME OF THE EDUCATION AND TRAINING I AM RECEIVING HERE

The immediate meaning of my training and education here is, of course, to permit me to pursue graduate study full time, to carry 12 units a semester, and to finish my work for the Ph. D. on schedule within four years. I could not do this without a traineeship.

The larger meaning of my experience here has to do with the quality of the academic preparation and the opportunity for professional socialization. Concerning academic preparation, I am being thoroughly trained by course work in my department to be a sociologist. In addition, I am a member of the community of professors and students from a variety of disciplines who are gathered at the center to learn, teach, conduct research, and exchange ideas. We meet regularly in colloquia to hear visiting scientists and other specialists discuss their work, its relevance for gerontology, and the needs of their clientele for our work. Every summer, students and professionals from across the country meet here for an intensive summer institute. We attend classes taught by the scientists who have made the contributions to the field.

Concerning professional socializaion, I have been a teaching assistant for the Concepts and Issues in Gerontology course taught in the 1972 summer institute, and will be again this summer. In Spring 1972, I participated in a Conference on Leisure with senior citizens in four very different areas of Los Angeles, and gained insight into the diversity of life style and needs of the aging population. I have attended professional meetings where I have exchanged ideas and perspectives with scientists from other programs and other disciplines. At the Gerontological Society annual meetings in San Juan, Puerto Rico in December 1972, I presented research I conducted with the chairman of my guidance committee, Dean Black, concerning the quality of the relationship between grandparents and their young-adult grandchildren. I will shortly be lecturing on the sociology of age to a group of persons who are preparing to be Senior Citizen Center recreation aids for the Los Angeles City department of parks and recreation. These opportunities would not have been available to me, if it were not for the center.

3. HOW I WILL USE MY TRAINING

I plan to use this training in teaching and conducting research in a university. Presently, I am conceptualizing a research problem for my dissertation. The working title at this point is: Sexual and affectual expression in the elderly. I hope to complete the research and my degree in June 1974.

4. THE LONG TERM EFFECTS OF MY RESEARCH

The effect of this research will be, I hope, to dispel some of the negative and inaccurate stereotypes we hold about the elderly. One such stereotype is that old people are sexless and affectless, and that any variation from this norm is

deviant. We call these deviants "dirty old man", "sexy old woman". Some psychologists maintain, however that the expression of sexuality is a part of the total configuration of personality, and does not abruptly stop at middle age. Persons who work with the elderly in residential, recreational, and therapeutic settings report that the elderly have strong needs to express sexuality and warmth. Recent research indicates that sexual interest and activity persist over the life course into the 70s and 80s, varying only in degree.

I believe that one result of this piece of research will be to stimulate a new, positive perception of the elderly as fully functioning human beings.

STATEMENT OF HAROLD (HAL) L. KENDIG, JR., SECOND YEAR MASTERS IN URBAN STUDIES, DEGREE COMPLETION IN SEPTEMBER 1974

(Research Interest: Analysis of Housing and Social Policy for the Aged.)

My initial interest in Gerontology was primarily financial because I have a family to support. However, since my arrival at U.S.C., I have increasingly felt committed rather than obligated to the aging field. It offers an attractive learning environment and excellent career opportunities due to the shortage of trained persons in the field.

In my graduate work, I have applied traditional professional and academic skills to the analysis of policy for the aged. The Masters program in Urban Planning work has emphasized research techniques and housing. The doctoral program in Urban Studies draws from sociology and urban planning to concentrate on housing, social planning, and policy analysis tools. Especially with regard to the latter two areas, virtually no information is available pertaining specifically to the aged. In my dissertation, I hope to fill some substantial gaps in the academic literature by systematically examining the distribution of public goods by L.A. City government to the elderly as compared to children, ethnic minorities, and other special population groups. The results will also be used by local planning grants recently funded for the elderly.

From March to June of 1972, I served as a half-time student professional assistant for the L.A. City Community Analysis Bureau. While originally employed as an assistant to the housing analyst, I was assigned professional level responsibilities as the analyst for the elderly. My initial task was to develop data on the needs of older people and available services for them. This information provided a basis to conduct a detailed analysis of the elderly in the Thirteenth Councilmatic District, which contains Hollywood and parts of Silverlake, Echo Park, and downtown. The analysis specified in order of priority the needs of the aged by their location and type, evaluated current programs, and recommended new program possibilities and legislative action. Councilman Stevenson and his staff were personally presented briefings on the findings as well as a forty page written report contained in the 13th Councilmatic study.

In June I left my position at the Community Analysis Bureau to serve as a full time consultant to the California Commission on Aging. Working with Mr. David Baxter, Director of the Commission, my responsibility was the production of a plan for the Commission to develop, fund, and manage a seven million dollar program for meals and related social services for the aged in L.A. County. The tasks included: developing a data system to identify target areas for program allocation based on federal guidelines criteria; surveying existing resources, with particular attention to meals programs and potential participants on a regional planning body; and developing a model nutrition program, including outreach efforts, joint funding, and evaluation. In completing this assignment, I was particularly pleased with an overlay system developed to show geographical disparities between indicators of needs and the distribution of government services. Many of my recommendations for Los Angeles County were extended to apply on a statewide basis.

In September, I coordinated an intensive effort preparing a report of the past California Commission on Aging and proposed activities, as required in reorganization plans of Earl Briar, M.D., director of the State Health and Welfare agency. Another consultant and I worked closely with the Commission's staff to demonstrate its capability to serve as the single state agency having full management responsibilities to administer the ten-fold funding increase proposed by the amendments to the Older Americans Act.

This past Fall I worked on a contract basis on several short term assignments. During November, I developed for one of the mayoralty candidates a series of

issues analyses and personal briefings on campaign strategy and policy development for the elderly. In December, I was employed by the State Commission on Aging to develop five planning grant applications in Los Angeles County that have budgets totaling $250,000 annually. Currently, I am providing the grants with technical assistance primarily in the areas of needs analysis and program evaluation. Based on these experiences, I will present a paper on planning for the aged to the American Society of Planning Officials and will lead an AoA Training Session on Planning Administration on Aging.

Throughout my education, I have been fortunate to combine professional planning experience with my academic studies. The education in planning for the elderly has allowed me to gain consultant work at the policy level with the State Commission on Aging and various units of Los Angeles City government. Although very demanding, action in both the student and consultant roles is complimentary and immeasurably beneficial. Sound academic work in policy analysis requires a good deal of substantive knowledge. On the other hand, academic planning offers a broad perspective and specific technical skills that have proved very useful to improve professional planning.

My career plans for the future currently are uncertain. Because my training grant is expected to end in June, I have no definite source of funds for next year. It is my hope to obtain AoA research funds to support work on my dissertation. If those funds are unavailable, I may be forced to consult more and postpone completion of my doctoral program. After graduation I hope to continue policy oriented research by working in Washington for a few years to gain experience at the national level. At that point, I would feel prepared to return to some combination of academic and consulting work.

STATEMENT OF ELEANOR LISA POMEROY, SECOND YEAR DOCTORAL IN PSYCHOLOGY, DEGREE COMPLETION PROJECTION FOR SUMMER 1974

Research Interest: "Psychotherapeutic Interventions With Grief Reactions In The Elderly".

As a child, I had a very close relationship with my grandmother who lived with my family. My personal reasons for being attracted to the field of gero-clinical psychology include fond memories of this warm and loving grandmother. After I received my BA and Master's degree from the University of Texas, I worked for Harris County Mental Health as a counselor in the Houston Model Cities Mental Health Clinic. I dealt directly with disturbed clients and also was involved in consultation services with all age groups, including the older adult in the community. I felt that the aged, when they did seek direct services, were seen by the staff as a nuisance and "about to die". When I did consultation with a Senior Citizen Day Care Center, I became aware of the overwhelming need and the lack of resources for this older age group. The mental health problems were on a continuum from loss of self-esteem to the extreme senile psychosis. Most of the mentally ill were living in miserable isolated poverty receiving no psychotherapeutic aid. I decided then, that I personally wanted to be of assistance to the elderly by studying the psychology of aging.

I have gained not only information about the psychological aging process in my studies at USC but also an intense commitment and desire to be involved in research and service in the field of aging. The enthusiasm of the staff faculty and students of the Gerontology Center is an exciting and contagious experience. I hope that I can carry this enthusiasm with me in my future professional activities. My plans include hopefully a faculty position, within a psychology department of a university, where I can institute a gero-clinical training program and continue research in this field. There is presently no such funded training program in the country. Also, I hope to be involved in direct services including individual and group psychotherapy.

In September of 1972 I made my professional debut at the Annual American Psychological Association Meeting in Honolulu, Hawaii with a paper entitled "Group Approaches to Treatment of the Aged". Also, I have participated as one of a group of students who have been involved in a study of mood in an attempt to create an instrument which measures mood. I have administered our mood scale to a psychiatric population at Camarillo State Hospital and also at Gateways Hospital to determine if those factors which make up mood in a normal population differ from those factors found in a psychiatric population. This instrument, potentially, would be used as a diagnostic tool and also as a dependent variable in studying the outcome of psychotherapeutic interventions. My planned

research and my central interest centers on the mood states involved in the grieving process and the therapeutic interventions which may be effective with pathological grief. Because old age is a time of loss—loss of loved ones, loss of job, loss of home, loss of status, loss of physical health and finally loss of self—the study of effective ways to help the bereaved cope with loss is especially pertinent to the quality of life for the elderly.

STATEMENT OF MELBOURNE HENRY, FIRST YEAR DOCTORAL IN SOCIAL WORK, DEGREE COMPLETION PROJECTED FOR SUMMER 1974

(Research Interest: Social and Cultural Context of Aging: Implications for Social Policy.)

I am an unfunded trainee in the Gerontology Center. My major field of study is Social Work with an emphasis on administration.

My interest in the field of aging has its roots in early childhood where I was constantly exposed to grandparents and other elderly people within my community. Formal work in this field is limited to the state of West Virginia where I was actively involved in various projects for the aged and worked closely with the West Virginia Commission on Aging. In my capacity as Director of Medical Social Services and later as Assistant Administrator for the Appalachian Regional Hospital (Beckley, W. Va.), I was instrumental in effecting some positive changes pertinent to the aged and health care.

My studies at the Andrus Gerontology Center will provide the theory, knowledge and value base for practice in the field of aging. It will also provide an insatisable desire to continue studying in this field. Currently I am a research assistant with the National Science Foundation Research Project, "Social and Cultural Contexts of Aging: Implications for Social Policy", and multi-disciplinary approach to the study of aging. One of the purposes for involvement in this project is that I would like to see the establishment of a more solid and rational base from which "gate keepers" and policy makers will establish social policies concerning the aged.

My goal is to be involved with the federal government in an administrative capacity where I shall be able to be dynamically involved in the planning, formulation, implementation, interpretation and modification of social policies affecting the aged.

STATEMENT OF RICHARD A. ERIBES, SECOND YEAR MASTERS IN URBAN STUDIES, DEGREE COMPLETION PROJECTED FOR JUNE 1973

(Research Interest: "Spatial Disposition of Service Delivery for the Aged.")

I was first attracted to the architectural program at the Gerontology Center when in the fall of 1970 I began to look for opportunities to continue my education. At the time I was already a licensed architect in the State of California and involved in private practice. Although I had enjoyed a good deal of success as a professional, I was not completely fulfilled in my desire to explore new avenues of research and problem solving. Limited manpower, competition and lack of financial resources act as barriers to the profession in general in these areas of concern.

I subsequently heard of this program through my professional association (The American Institute of Architects) and was immediately excited by its unique concept of education and research.

Architecture, traditionally and validity so, is very concerned with today's problems, today's resources and today's technique of action. But, here at the Center existed a program very conscious of today but oriented towards the future.

Consequently, it was really the explorative nature of the program rather than aging as a concept that brought me to the Center. I had an extensive background in hospital design, an area which I enjoyed a great deal but I was not completely sure about my commitment to the field of aging. The availability of financial assistance was an important factor in the final decision to return to graduate school. It was a very difficult act to justify leaving a $15,000 a year job to face the struggle of living on $3,000 per annum. However, the amount was greatly appreciated and supplied the final push to return. If it is important to attract competent members of the field who have acquired some very important experience (and I know it is) then the availability of financial support is an extremely important factor in attracting the best of the profession.

Since then, the quality of the staff and student body and their tremendously innovative attempts at providing for expanded life satisfaction of the elderly for the present and the future has completely turned me on to the field. The faculty is the best in the country and are extremely capable of providing the student with the necessary research tools. The program has given me direction, commitment and a voracious appetite to learn, to search, to explore new areas of research, which have practical application. Furthermore, it has been very instrumental, I feel, in my receiving a Ford Foundation Fellowship for Mexican Americans, which will enable me to continue my work towards a doctorate in Urban Planning.

Practicality is an interesting concept in the Architectural program. By training, architects are a very practical lot. We must make decisions which lead to real live products. This has been both a strength and a weakness of the field as pointed out earlier. Our program views this tendency only as a strength and has proceeded from it to plan for the future. New research projects are evaluated relative to how useful their impact will be on the elderly in improving their quality of life. Will these new tools be useable by the practitioner and if not, how might they be modified to ensure use and implementation?

The program has produced methodologies for the design of elderly housing using climate as a factor for instance. New information in the design of parks, and long term patient care as well as community planning criteria have been investigated. We have proceeded on the assumption that the most practical tool is a useable theoretical concept.

Presently my colleague Victor Regnier and myself are working on a newly developed concept of neighborhood cognition. This work which shows great promise for the delivery of services has been presented and well received by several agencies entrusted with the task of providing services for the elderly. Most recently the findings were presented at the National Conference of the American Society of Planning Officials in Los Angeles, in a workshop concerned with planning for the aged.

This research is based on the premise that all of us carry around in our minds a mental map of the environment in which we live and that this map is based on a need to become *rooted* somewhere in our environment, to have some place we can call our own and to which we are attached and can feel safe and comfortable. The measurement of this spatial location through a mapping procedure allows service deliverers to pinpoint potential and accessible settings in the community for services to be delivered. Since the elderly themselves have described them, we are assured of an increased use and success of the facilities and services through increased accessibility and visibility. This research thus meets all of our criteria for research in the Environment Studies Lab—innovative, future oriened and practical.

My plans for the future, of course, include my taking advantage of my Ford Fellowship to pursue a doctorate. I eventually hope to pursue a career of teaching and research in the field of aging in a university faculty position. I am concerned with training more researchers in the environment field since so few now exist and will hope to be as stimulating in my efforts as the faculty and staff have been here at the Center. There is much work left to do. Let's get at it!

STATEMENT OF DR. RUTH WEG, ASSOCIATE DIRECTOR FOR TRAINING, ANDRUS GERONTOLOGY CENTER, USC

Dr. Weg. I wanted to reassure Mr. Lehman about the lonely old man and the lonely old woman.

I wanted to share with you some of my concern about the lonely old man and the lonely old woman and to reassure you. To the degree that activities in the field are successful, to that degree will we (women) be joining you in greater numbers.

I would also like to suggest that Masters and Johnson have actually done a great deal of work with the elderly in the area of sexuality. It is really true that the concerns and interests in this area do not change with time; they only change in degree. I share your concern and we're going to go down holding hands.

I also would like to thank my colleagues in the research area for their comments on the need for increased opportunities for training. This demonstrates, since we're talking about men and women, the marriage of all the fields involved at the center in research, education and training and in community services.

The students develop their skills, their information, in their research and educational activities; then they use these skills in community services. These areas cannot be separated; they are only separable for discussion and for analysis.

I would also like to refer to that ball park figure I gave you on the cost of training programs and say that it was a very modest figure. It related primarily to student support and not to all the necessary faculty, materials, library, research, and all the other kinds of support that would be essential to make a training program work.

Mr. HANSEN. Could I interrupt and ask if you could give us those figures again.

Dr. WEG. I said it would be about $1,500,000, and this would be very modest. In my opinion that figure would need to be doubled, and that only relates to six centers in the country. I was just projecting the figure for the six centers.

Mr. BRADEMAS. I believe Dr. Finch has a question.

Dr. FINCH. This is $1,500,000 per center, or for all six?

Dr. WEG. For the whole group of six per year. For all the other necessary support, we would have to double those figures. This is a very small investment indeed for the return.

I think it would be helpful if I read this statement, even though it is in my report to you, because it sets the stage for what is needed in all of the personnel areas, in those areas that will contribute to the well-being of the elderly now as well as in all the other areas as we look to the future.

> What is necessary for the well-being of the elderly is the development of innovative and creative programs to provide training for the total range of occupations providing services to older persons, and specifically for professional and scholarly programs preparing people to work in the field of aging.
>
> The decade of the 1970's is the decade in which major plans for training must be put into effect. Crucial to the national effort to provide training at all levels is the development and implementation of programs to train the trainers."

This actually comes from the recommendations of the 1971 White House Conference on Aging. It has had the public support of the administration, and what remains is the translation of this administrative support into reality.

I think that I would like to raise with you the basis for the multidisciplinary program that we carry on at the center. The educational philosophy is based in two realities: one, the complexity of human growth and development requires a number of disciplines; the other is this recognized need for personnel at all levels—research, education and community services.

This particular program, unique in the country, has grown from 8 students in 1965 to 56 to 1973. We have graduated, as Dr. Empey mentioned to you, 46 students to date at the doctorate and masters level. The majority of those people are at work in the field of aging.

We have grown since 1965 from a single doctoral program to offering three pathways in the educational exposure. The doctoral program is

in the basic disciplines. There is a masters program in environmental studies, and a new program which will find, we hope, 10 to 12 students beginning September 1973. This new program offers a joint degree, master's of social work and master's of administration.

I think perhaps since most of the other details are in the written statement we have prepared for you, only a couple of factors need special emphasis. One, in addition to our own graduate program, we have made a significant excursion into the undergraduate level. We feel this is equally important, because, again, a need for services to the elderly are in all areas at many different educational levels.

Second, I would like to talk to the state of training programs all over the country. There is an association now called the Association for Gerontology Resources in Higher Education. We came together for the first time in May of last year.

At that moment in time we were primarily concerned with information exchange among the various programs everywhere in the country. About 40 of them could relate to governmental agencies, including the needs and services at the request of State, local, and Federal agencies; discussions pursued the how and when.

A great deal has happened since then, and we found at the meetings in Washington, D.C., during these past few months that we were fighting for survival of the programs. The concern has been that the imminent cutbacks, some of which have already been translated into elimination of faculty and no more students being accepted, will result in the eradication of at least 50 percent of the programs of the country in aging and the weakening of the rest of the programs.

One could ask why hasn't the private sector become more involved and why should it be that at this time with withdrawal of Federal monies the programs will fall. Compared with medicine and osteopathy and dentistry, the kind of support that the administration has provided to aging has been very short-lived and only began in 1965. The programs have not had significant time to take hold, to be accepted in many of the educational communities as a legitimate area of concern.

The age structure of society is surely moving in the direction of more and more elderly; at a time when there is a biomedical revolution and a technological revolution and where there will be increasing numbers of elderly who will be vigorous, and demanding of the kind of services that we are not prepared to provide at this time; at a time when universities are just beginning to feel that these programs do have a legitimate role to play in the university and educational concerns, we are effectively going to pull the skids out from under the growing concern and the growing reality, of programs. Most of these have finally begun to provide people to research, teaching and community services in the field of aging.

There is real concern that even with the suggestions that have been made for additional student support, such as direct student aid to the student, the field is still so young that the marketplace would really become a jungle rather than a legitimate marketplace for this area of gerontology.

If we accept that the marketplace philosophy will work and that the society does give status to the field, time is needed to develop initiatives for this kind of process to take place in a natural, non-aborted way.

I think that I will stop my own comments and ask the students who are at different stages of their education some at center one year, some two, some almost prepared to leave and go into the field, to make their comments. They will provide insights related to the meaning the programs have held for them and how they see their own contributions for filling the needs of society.

Mr. BRADEMAS. Thank you very much, Dr. Weg.

Could we follow the order contained on the agenda and begin with Miss Rosalyn Benitez.

Miss Benitez.

STATEMENT OF ROSALYN BENITEZ, SECOND YEAR DOCTORAL STUDENT IN SOCIAL WORK, ANDRUS GERONTOLOGY CENTER, USC

Ms. BENITEZ. My discipline is in social work, and I came from another university where I was teaching in the field of gerontology, because it's always interested me. I am grateful for having ar opportunity to work with the center; because at the time that I was involved in teaching, there were very, very few people who were of any caliber at all in the field of gerontology. It was a very lonely existence both in practice and in teaching.

It was lonely as a teacher, because very often students felt that going into work with older people was actually attaching themselves to people with a very low status.

Of course, I could not have come back to school working toward my doctoral without funding, because I have worked most of my life and continue to do this. Therefore, it meant a great deal to me to come back to the center to be funded for training.

Now, I think there are certain areas in gerontology particularly that are not included in the social work scheme in most schools of social work. I think that Mr. Lehman mentioned one of the most popular; how to do a sensitive interview with an older person on sexual needs. You can either come in very heavy-handed or you can actually offer some facts on this in a sensitive way.

Students need a great deal of help with this in their training, because they are not prepared to deal with this kind of material, particularly with someone who might be the age of their parents or older. There are a lot of areas of preparation that are very important in dealing with students.

My own doctoral dissertation is going to be in another area that we talked about related to what happens to a professional woman once she retires. We have had a number of studies about men after the age of retirement and we know what some of the preparations for men are. However, we really don't know very much about the needs of women who have been working, and working not only as a secondary kind of experience but as a primary kind of experience. This then is primarily what my own research will be, and it will be exploratory research.

I would like to make a particular comment and I'm sorry that Mr. Bell is not here, because I think he was dealing with some questions in this area. I keep thinking of Fred Boyle, the astronomer, who said the most creative experience in science were really captured on fishing trips; and I think that's what exploratory research really is.

Mr. BRADEMAS. Thank you very much.
Mr. Joseph Bonner. Is Mr. Bonner here?

STATEMENT OF JOSEPH BONNER, FIRST YEAR DOCTORAL STUDENT IN BIOLOGY, ANDRUS GERONTOLOGY CENTER, USC

Mr. BONNER. My field of study is in biology. I'm in a different group than Dr. Finch's group. There are two main thrusts in biology at the center, and I am under the direction of Dr. Hal Slavkin, and we are involved in problems of developmental biology and how they pertain to aging.

In developmental biology we deal with organ formation and how many organs continue to develop throughout life and take on specific functions that they perform in later life. This problem relates to aging because these organs must maintain a differentiated state.

We are also interested in congenital research. I realized in the beginning of this hearing that you are assessing the economic interest and investment that society should place in research. Why society should put money in that direction and what benefits society can get from research. But many, many diseases and many, many problems that we have cost society quite a bit of money. If these diseases can be alleviated, then, that leaves that much more money for society needs in other areas.

I became interested in aging thro igh the center. I came to California to study with Dr. Slavkin, and I became aware of the Gerontology Center, and aware of the similarity between problems in developmental biology and the problems of aging. It was by the existence of a center of this sort that my interest in aging developed.

So from that point of view it shows the significance that the center does have in stimulating the direction that people take in their educational choice. If the center were not here, I am sure that I would not have gone in the direction of the study of aging.

In terms of training support and what that means to me.... If I was not able to have this support to study, which is a full-time endeavor, I would not have been able to study and do research. So from that point of view it's very, very important that training support should be sustained.

Mr. BRADEMAS.. Thank you very much, Mr. Bonner.
Next, Mrs. Rosalie Gilford.
Mrs. Gilford.

STATEMENT OF ROSALIE GILFORD, THIRD YEAR DOCTORAL STUDENT IN SOCIOLOGY, ANDRUS GERONTOLOGY CENTER, USC

Mrs. GILFORD. I am a 3d year doctoral student in the sociology department and a funded trainee in the gerontology center. My interest is in social psychology and behavior of older persons.

Older persons experience a loss of roles as they age. They lose their job role, their spouses, their roles in the family, their friendships, diminishing ability to get around the city. This loss of roles is a loss of social support and integration, a loss of ability to stay active.

I am particularly interested in sexual and effectual roles in the elderly. We have a tendency to think that sexual behavior and interests stop at middle-age along with other prescribed behavior for persons. We have evidence that this is not the case.

Masters and Johnson have indicated that sexual interest and activity persist over the life course into the seventies and eighties, varying only in degree. I have investigated the types of experiences and the kinds of interest regarding sexuality older persons have. Thank you.

Mr. BRADEMAS. Thank you very much indeed, Mrs. Gilford.

Next, Mr. Harold Kendig, Jr.

Mr. Kendig.

STATEMENT OF HAROLD KENDIG, JR., SECOND YEAR MASTERS STUDENT IN URBAN STUDIES, ANDRUS GERONTOLOGY CENTER, USC

Mr. KENDIG. Well, I would like to preface what I have to say by saying that I would be unable to study gerontology without the grant. I have a wife and a couple of children, and since my training grant does end with the master's level this June, to continue my study in the doctoral group is going to be difficult without a grant.

My training group is among those that is most likely to be terminated. I am completing a master's degree in urban planning as well as a Ph. D. in interdisciplinary urban studies. My previous background was in sociology.

I am trying to acquire and apply some particular skills in completing these degrees. One, I'm trying to learn something about the process of social planning, that is, how to redevelop and allocate programs to serve older people.

Another area is policy analysis, that is, looking in detail at what we've done and examining these facts.

The third area I'm looking into is housing, which, of course, is a major problem with older people.

In addition to my school work, I've been working as a consultant to the California Commission on Aging. I find the experience very good, mutually beneficial to my studies here and my work as a consultant on the outside.

I worked last summer to develop a nutrition program for Los Angeles County. We expected to complete this last fall, but were unable to because there was not an appropriation bill.

In the last few months I've been involved in setting up planning grants for older people here in Los Angeles. These are intended to help us have more efficient allocations to programs for persons having those needs, eliminating duplication by different kinds of services and also enabling the choice of those programs that are most efficient and have the greatest impact on older people.

As far as the future goes, I am unsure. But I hope to move back and forth between some kind of a Government agency and a research-oriented job in some academic consulting position. Thank you.

Mr. BRADEMAS. Thank you very much, Mr. Kendig.

Next is Miss Lisa Pomeroy.

Miss Pomeroy.

STATEMENT OF LISA POMEROY, SECOND YEAR DOCTORAL STUDENT IN PSYCHOLOGY, ANDRUS GERONTOLOGY CENTER, USC

Miss POMEROY. Yes, I'm a 2d-year doctoral student. My major is aging clinical psychology. This is actually now a double major, working with Dr. Birren.

I would like to explain what has happened. We made application to NIH to have some program set up here at the university. This would be the first such training program at the center.

We repeated a request for approximately $36,000 for this program, to include $18,000 for one faculty member and $10,000 for two part-time faculty members to supervise the clinical training.

This training program was not funded. There are now no such training programs functioning. One of the issues I would like to discuss with you is the need for such a training program to train clinical psychologists to work with the older population.

Of the 87 members of the American Psychological Association who are interested in both clinical and gerontological psychology, none of these people, none of these psychologists are involved in the practice or treatment of older people, and none are involved in research on aging in clinical areas.

Hal Martin in 1970 reported that the psychological research literature that dealt with clinical problems, the intermix of clinical and aging research was at the near-zero level.

Nothing has been done in the area of clinical research with the older population.

Kramer from NIMH made very conservative estimates that approximately 2 percent of the population in the United States have mental health needs that require some kind of treatment.

If we assume that there are 3 hours per person of treatment per year, which is just the lowest of all possible levels of treatment for this 2 percent of the population that needs treatment, approximately 45,000 clinical psychologists would be necessary to fulfill that treatment of 3 hours per person per year. If we assume that about half of that 45,000—about half of that total population needs mental health services and are over 65, then, an enormous number of clinical phychologists are needed to work with the older population.

Goldfarb has assumed that approximately one-half of the people that are in institutions now, in nursing homes, have mental illness or are mentally ill. And the question I would like to get into here is how many of these people in nursing homes are receiving any kind of psychiatric care.

There is an enormous need for clinical phychologists in the field of aging, and at this time there is minimal, if any, training. I think I am the lone student in the entire country that is working on clinical psychology in the field of aging. I would just like to bring this to your attention.

Mr. BRADEMAS. Thank you very much, Miss Pomeroy.

Mr. Melbourne Henry. Mr. Henry.

STATEMENT OF MELBOURNE HENRY, FIRST YEAR DOCTORAL STUDENT IN SOCIAL WORK, ANDRUS GERONTOLOGY CENTER, USC

Mr. HENRY. Thank you, Mr. Chairman. I'm a 1st year doctoral student in the field of social work, and my particular interest is in social policy and administration.

My interest in the field of aging dates back to my being involved in a medical social program in the Appalachians. We were able to provide special services, medical and special services to elderly people.

Currently my research interest is in the area of the National Science Foundation study with Dr. Empey, "The Social and Cultural Contexts of Aging: some implications for social policy."

We are talking about some of the applied aspects of research. However, I see this as comprising two parts: One, we need to have basic information before we can make intelligent decisions. One of our concerns, at least my concern as an administrator and a policymaker, is what kind of information do we need to have to make intelligent policy decisions, and how is the information we have, how is it related to the needs of people. I am concerned with the delivery of services to people. I am particularly interested in health care. My other concern is how can we as a society provide a comprehensive health care program that is available, that is accessible, and that is of reasonable cost and of high quality for the elderly person.

We ought to answer certain questions related to what ought to be done, I think this is a real policy question. What is our value commitment, or what should be done, or is this more of an idealistic statement? What can be done based on our resources, priorities and allocation of these resources, and what must be done.

Unless we have training programs, I'm afraid that we would be losing a great deal of manpower for the future, and I would hate to see this happen. Thank you.

Mr. BRADEMAS. Thank you, Mr. Henry.

Finally, Mr. Richard Eribes.

STATEMENT OF RICHARD ERIBES, SECOND YEAR MASTERS STUDENT IN URBAN STUDIES, ANDRUS GERONTOLOGY CENTER, USC

Mr. ERIBES. I'm involved in the architectural training program here, and our program is really a unique one in the field of architecture throughout the country basically because it is interested in the area of research.

Ordinarily architectural programs deal with very practical solutions to problems. The problem that we find ourselves in architecture is that there is really a lack of research personnel and a lack of research information.

We often attack problems based on research done possibly 50 years ago, and thats' really quasi-research. Fifty years ago very few architects were even interested in the aging.

So it is our purpose here to look into questions dealing with the environmental aspects of the elderly and to gain information and data to make reasonable decisions about environments for the elderly.

There was a question asked earlier about how we reduce costs for services that we provide. Those questions are very real to us, because the premise that we go by here in our investigations into areas of research relate to those areas in which information is most needed in, developing techniques to attack those areas.

Presently I am involved in a study with a fellow trainee, Victor Regnier in trying to gain information on how best we deliver some services in the neighborhood to elderly. We are working on the premise that it's important for us to keep the elderly within the community instead of isolating them in nursing care homes or extended care facilities.

This area of research, for instance, would never be attacked in private industry. There just isn't the opportunity for architects to become involved in this kind of identification. So its' got to be left to institutions such as this to produce this background for architects to make more reasonable decisions.

We can operate like we have in the past and simply attack the problem of the need for housing by simply building housing. However, thats' one of the reasons many of our urban centers are in deep trouble right now. There is no basis for those decisions.

So my concerns here are for the continuation of this program and the need for far more research in architecture. We cannot rely on the handful of researchers that exist now; there just isn't enough of this kind of personnel to attack the major problem of environment.

We are concerned here with who trains the trainers, basically. My entering this program would never have been possible without the provision of some training grant.

I am a licensed architect in the State, and I was involved in private practice. My ability to go back to school, leaving private practice, was nil without some kind of help. But, yet, I was concerned with the frustration on my own part of actually designing environments without real knowledge of the problems involved.

We just need more researchers. Thank you.

Mr. BRADEMAS. Thank you very much, Mr. Eribes.

Well, Dr. Weg, I want to state that is a most impressive group of students, and this has been most informative indeed.

Do you have, Dr. Weg, a problem in recruiting students or do you have a problem in recruiting students in the field of gerontology?

Dr. WEG. I think we can safely say that there still exists a problem in recruitment. I alluded to the growing status of gerontology as a field. There are some areas at the center that attract such large numbers of students that we have to turn them away. What happens very often is that some students come on for a year, sometimes two, with other sources of funds. This would necessarily be a much smaller number of people, because it is expensive to spend a year in graduate study; a minimum of $6,000 is required. If in fact this is what we have to depend on in the future, it will bring our student enrollment down to a very low level.

If we duplicate this in programs all over the country, it will effectively cut off the flow of personnel to the field; I really don't feel we

can afford to be so shortsighted as to leave ourselves without people to take care of the problems and issues that we know are with us and which will continue to grow and change as we move into the future.

Mr. BRADEMAS. Thank you. I will have one question, but I will first yield to Dr. Finch who has a question from the audience.

Dr. FINCH. I just wish to support Dr. Weg's statement. In the biology program there are two candidates for first year study who will not be able to attend this university and receive training at the center because of the lack of fellowship money for their support.

In other words, graduate study is once again becoming a class privilege, and there is going to be a tremendous limitation simply resulting from the inability of students without specific support to pay the very large expenses of graduate study.

Dr. WEG. May I add something to that. We had as one of the thrusts for our programs the past couple of years, as we have had since the beginning, the recruitment of minority students. There are many problems in the area of aging, and one of the major problems has been the very low level of data about the aging of the minorities and very few leaders in the areas of research, education, or community service for these people.

Again, as Caleb Finch remarked, it will become a class privilege to go to school. We have had difficulty in recruting minority students. We have made an enormous effort and have been more successful in recruitment. Now we cannot support them. This is a very serious concern.

Mr. BRADEMAS. Miss Benitez, I would just ask you one quick question. I note that your study is directed toward the needs of older people beyond income. Could you give us a preliminary judgment of what your finding is.

Miss BENITEZ. Well, I think most research has to be geared toward the future and hopefully at some point in the future income adequacy in and of itself will not be a major problem for the elderly. I think you have to begin to plan for that time, and my research is concerned with what are the other needs and just possibly the hierarchy of needs.

Mr. BRADEMAS. Well, we will look forward to seeing the results of your study.

Mr. Hansen?

Mr. HANSEN. Mr. Chairman, we have all made a very strong and a very convincing argument essentially for strengthening and expanding programs of training and research. Now, this assumes that there is a demand, a need for training specialists in these areas.

What can you tell me about the career opportunities that now exist and that will exist in the future and will provide jobs for those for whom the training would be designed?

Dr. WEG. Would you like me to respond?

Mr. HANSEN. Please do.

Dr. WEG. I will try to address myself to that. That's a double-edged sword, of course.

The need was attested to in the White House Conference on Aging of 1961 as well as 1971. Very little has changed, because the training only began with any significant support in 1965. We have just begun to provide the kind of people that have been requested. In fact, in our

own center we find that the demand up to now has been greater than the number of people we could supply.

What will happen, however—and this is the other side of the coin—if, in fact, we destroy 20 or so programs across the country, we will effectively make it impossible to provide services to the elderly. Moneys in this area will go down. Career opportunities will go down.

So it's a question of the supply and demand, and we can effectively cripple both.

Mr. HANSEN. Are you saying that the assurance of an adequate supply of trained people will assure the continuation of services which will, in turn, create the demand and provide career opportunities for the students?

Dr. WEG. I think they are all interrelated.

Mr. HANSEN. Let me ask one further question. Most of the discussion here has centered on assistance in the form of some kind of student aid, grants for postgraduate study.

What are the best ways in which the Federal Government can provide assistance in this whole area of training? Is this the highest priority? Or are there other ways in the way of curriculum development, development of materials, other kinds of programs where the Federal Government can contribute in any material way to meet the apparent needs?

Dr. WEG. May I suggest that I am confident there are probably a number of ways, alternative ways, that one can provide support in the area and provide personnel.

We feel here that one of the advantages of a multi-disciplinary center that deals with the research, education as well as community services is that we share our personnel. It really is a very economical way to develop.

We feel that until it is possible for higher education to provide monies quite separate from Federal funding, that it will be essential to receive monies for faculty and materials support as well as support to the students.

I think I understand some of the administration's position. I can understand this since there are some areas of study that the Federal Government has been pursuing for some 25 or 30 years, it may be time to reduce Federal support. However, this is not so with aging. We are really an embryo field trying to get up and crawl and walk.

It would need another, in my own humble estimate, another 10 to 15 years of major support to finally develop the field so that it is integrated into higher educational institutions.

Mr. HANSEN. Thank you.

Mr. BRADEMAS. Mr. Lehman.

Mr. LEHMAN. One thing I'd like to know is how many of you have read Simone de Beauvoir's "Coming of Age"? Have most of you read it?

I don't say that it's a very scientific book; but it's a very sympathetic and understanding book about the problems of the aging and I think gives the reader an awareness.

I think one of the problems we have in this country is with regards to the recruiting of young people, into this field, in light of the fact that our whole culture is anti-old-age oriented; and it's like Simone

said, the one thing we have in common, if we live long enough, we're going to get old. We might not ever have to fight Russia, we may never get heart disease, but, dammit, we're all going to get old; and I think that's one thing that we must teach these people in this country to realize.

We've got black studies in the elementary schools, and I think we ought to have old American studies.

Dr. WEG. Hear, hear.

[Applause.]

Mr. LEHMAN. I think if we don't get into the early stages of making people realize that these are going to be problems, then, we'll never deal with them; and I think that you can't wait until they're post-graduate students to teach them about it; you've got to teach them while they're in the grades and elementary school, and maybe we can work something out for the kind of studies and the kind of textbooks and everything that can deal with these things on these other levels.

Like I say, everyone is going to get old.

Dr. WEG. I think that is a recognition of the universality of aging that needs to come, and I certainly agree with you, Mr. Lehman, and your suggestion.

Mr. LEHMAN. Thank you.

Mr. BRADEMAS. Thank you all very much indeed. I am sure my colleagues join me in expressing our appreciation for what you people have told us; and we wish we could put even more questions to you. But we want to turn now to the third panel that we have this morning, which is to be chaired by Dr. Albert Feldman, the associate director for community projects.

Dr. Feldman, if you and your associates will come forward and take seats, we have two more witnesses scheduled to follow you, and we would be grateful, Dr. Feldman, if you and your associates could summarize your statements so that we could put some questions to you.

[The statements referred to follow:]

THE COMMUNITY PROJECTS PROGRAM OF THE ETHEL PERCY ANDRUS GERONTOLOGY CENTER, UNIVERSITY OF SOUTHERN CALIFORNIA—AN OVERVIEW

(By Albert G. Feldman, Ph. D., Associate Director for Community Projects)

A university traditionally has the multi-faceted function of education, of gaining new knowledge and insights through research, and of channeling this knowledge and these insights to the educational community as well as the community at large.

An urban university which, like the University of Southern California, lies in the heart of a teeming, complex, constantly-changing metropolis, has a special opportunity and responsibility: to translate its educational expertise and its research findings into community service to enhance the quality of life. This is the primary task of the Community Projects segment of the Andrus Gerontology Center.

Community projects bridges the community and the University to assure that training relevant to the needs of the older adult is available, and that the knowledge learned through research is utilized in the community on behalf of the older adult. The following pages offer, albeit briefly, three areas of consideration germane to the Center's Community Projects Program: First, is a short description of the target groups central to the interests of the Community Projects Program and about the means used to fulfill its purposes. Next are presented, illustratively only, some of the activities that have been undertaken. The third area focuses on the directions in which the program is moving.

WHO ARE THE TARGET GROUPS?

Community projects activities are addressed to three distinct, yet often overlapping, groups. One comprises persons in professional roles of helping the elderly, directly or indirectly. They may be psychiatrists or other physicians, social workers, nurses, psychologists, clergy or others whose work brings them into direct contact with other adults as counselors, protectors, healers, or in other service relationships. They may be administrators of nursing facilities or hospital programs. They may be social planners or designers or administrators of programs concerned with the economic, recreational, social, health or mental health or other service needs of older citizens. Some devote substantial interest, time and energy to the task of alleviating the stress and distress of older adults: they are committed to this undertaking and seek ways to usefully expand their knowledge and enhance the skills they bring to their work. Others have had little prior exposure to the needs and problems of the older citizen, and the staff tries to help them find in the community activities a stimulus for acquiring insights and techniques useful and rewarding in their work with this segment of the population.

Another target group includes educators whose teaching responsibilities can encompass opportunities to acquaint their students with knowledge and understanding of the roles and needs of older members of our society and to prepare these students for effective careers in the area of work with older persons. These educators are in such fields as social work, psychology, religion, nursing, administration, adult education and recreation, law.

The third group—and perhaps this one really should be designated as the *first group*—consists of the older adults themselves. The purposes (and there are two primary ones) in reaching out to this target group are different than those for the groups mentioned above. This target group does not need to learn about the social, emotional, economic, biologic, and other dynamics relevant to the older person: they have first-hand knowledge. The Center needs this knowledge. And herein lies one of the Community Projects Program's purposes: their involvement and participation are needed in the overall program as an aid to sensitizing the staff to areas of special program needs and services that may call for special research or demonstration undertakings, and in assisting the Center's staff in compiling insights that can be transformed into teaching materials that prove valuable in the work with the other target groups.

And the other purpose with this target group of older adults? It is to sensitize them to the values—for themselves as well as the community—of becoming volunteer providers of service to others.

HOW DOES THE COMMUNITY PROJECTS PROGRAM FUNCTION?

Community Projects employs a five-track approach to fulfillment of its purposes, with the tracks designed sometimes to run parallel and sometimes to intersect. The first of these is *research and demonstration of community services.* The second is *continuing education* ranging from one or two-day community-based community-oriented institutes, workships, and symposia, to two-week summer sessions for planners, administrators, educators, and direct providers of service in the arena of aging. The third is *consultation*: to stimulate interest of pertinent, individual organizations or groups; and to deepen skills in attacking problems of older persons. The fourth track might be described as *community involvement;* that is, persons in the community—like Black or Asian or Mexican-American aged, or persons facing retirement—share their experiences and knowledge with the Center's staff, thereby adding to the knowledge which, in turn, can be used in the other tracks. The fifth track is the Community Projects' *development of teaching aids* for use not only in the Ethel Percy Andrus Gerontology Center but in other places and organizations. Included among these aids are the widely disseminated proceedings of numerous institutes and workshops that have been conducted for specific purposes with special groups.

WHAT ARE SOME OF THE EXAMPLES OF COMMUNITY PROJECTS' ACTIVITIES?

During each of the years of the Center's existence there has been a marked increase over the preceding year in the number of projects initiated, planned and carried out by the Community Projects Program. This increase reflects the widening of the scope of the projects' impact and the sharply growing responsiveness of the community (locally, statewide, and nationally) to the interest and expertise

that both are present in the Center or can be mobilized to bear upon a particular subject. This growing responsiveness is evident in requests from both public and private organizations here and elsewhere for help from the Center's Community Projects Program.

It is important to note that during the last completed academic year nearly 5,000 individuals participated in the diverse continuing education institutes and workshops offered in this program of community service. Many of these were returnees (who brought their colleagues) because they had found their prior experiences with these offerings useful. This figure does not include the many persons drawn by Community Projects staff into planning committees to determine the objectives and scope of these respective offerings.

Out of the many activities in which the Community Projects staff have been or are engaged, only a few will be mentioned to illustrate both the involvement with the three target groups noted earlier and the kinds of programs or projects that have been conducted.

THE AREA OF DEMONSTRATION AND RESEARCH

Three quite different kinds of undertakings with regard to demonstration and research have been undertaken. The first is an action-research program designed to train administrative personnel in nursing homes. The second is an action-research activity that seeks simultaneously to enrich the lives of older adults as volunteers in the community and to capitalize on their contributions through community involvement. The third is a community study aiming to identify the needs of elderly disadvantaged minority group members in a Model Cities area and to formulate a plan for meeting these needs.

Who has not heard stories about the deleterious effects on elder patients of confinement in impersonal long-term care facilities? Whether or not there is a strong basis in fact for such reports, it seemed important that the Center address itself to the task of enabling elderly patients in long-term nursing facilities to function at the maximum level of satisfaction of which they are capable. Accordingly, we undertook to develop and test a model for training nursing home administrators and other supervisorial personnel to improve the quality of services and programs provided by these facilities, with special attention directed to meeting the psychological and social needs of the patients. A major thrust of this project is not only to modify attitudes and familiarize administrators with more effective ways of meeting psycho-social needs, but also to give them a model for training their own staffs in understanding and working effectively with older patients. The project is being carried on in selected facilities and it is expected that the current administrators-participants in this training soon will, themselves, become trainers. It is anticipated that this project will be completed and the findings disseminated by the end of the year. (See appended statement on "Training of Nursing Home Personnel" by Dr. Arthur Schwartz.)

The second example of our demonstration-research is of a different order. During the last few years there has been increasing emphasis on the volunteer role of older adults. This has been particularly manifested in the availability of federal funds for such programs as RSVP (Retired Senior Volunteers Program) and Foster-grandparents. Nevertheless, this available senior energy and manpower source has hardly been tapped, and there has been very little systematic research concerning utilization of older adults in two volunteer roles: as volunteers who provide leadership in recruiting and training *other* older adults as volunteers for community service; and as volunteers in helping roles in such locations as children's hospitals or in such activities as community planning and mobilization of community resources.

A conference involving national leaders in the field of volunteerism was recently held in Washington, D.C., under the joint sponsorship of the Andrus Gerontology Center and AARP/NRTA. Its purpose was to examine the results of the preliminary research done by the Center. Subsequently, AARP/NRTA approved a proposal for a research-demonstration project that builds on the work already done. The preliminary plans call for the involvement of several hundred older adults. It is expected that the data emerging from this project will be widely disseminated and will supply new insights about the older adult as a volunteer, and that the project itself will serve as a model for use in other communities and localities for the recruitment, training, and productive utilization of the contributions of the older adult in his role as a community volunteer.

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(See appended statement on *"Older Volunteer Training Programs"* by Dr. James A. Peterson).

The third action-research undertaking was a one-year community study which was centered in a Model Cities neighborhood in which lived a substantial number of elderly persons of minority group membership who were deeply involved in planning and carrying out the project. The study sought systematically to index the needs of this population and to develop therefrom an orderly plan for mobilizing community and organizational resources to meet their needs. (A "Summary Report" of the study by Robert J. Newcomer is appended).

THE AREA OF CONTINUING EDUCATION

Direct and indirect providers of care or service have been the special focus of attention of short-term workshops, institutes, and colloquia, and summer courses. Some of these have been developed on the initiative of the project staff, some have been developed at the request of groups or associations of professionals in the community. In all instances, content and format have been the result of the planning of specially developed advisory committees. In some instances, these offerings have been sponsored jointly with other units in the University: the schools of Medicine, Social Work, Law, Architecture, to name a few. Some of the activities have been directed to nurses (educators, administrators, practitioners), some to clergy, to specialists in recreation, city planners, et cetera. Subjects have been general—such as "Work With the Aged", or specialized, such as "Death and Dying" or "Nutrition for the Aged." At least a dozen such offerings have been given each academic year, with the number increasing last year to 18 and even more in the current academic year. Illustrative of the Community Projects Program's workshop experiences are those offered for nurses. Nurses function in a variety of localities and facilities, both proprietary and non-profit (whether public or private). They responded with enthusiasm to the first workshop for nursing personnel—a two-day affair stressing the mental health role of the nurse with the aged. A follow-up was requested and planned with a committee drawn from their group. Their conviction that their understanding of the older adult was enhanced for practical use was evidenced by the continued demand for more of these educational offerings and by requests from Northern California and Arizona that similar workshops be held in those localities. These requests have been met. The evaluation of these series, which are essentially self-supporting from the fees paid by 200 to 900 participants in the various meetings, has led the Community Projects Program to add to its staff a nurse-educator as coordinator for nursing education. (See appended statement on "Continuing Education for Nurses" by Irene Burnside).

THE AREA OF COMMUNITY INVOLVEMENT

This is a many-faceted phase of the Center's community services operations and includes active participation of Community Projects personnel in a variety of community-based agency activities related to aged (The Mayor's Committee on Senior Citizens, Boards and Committees of various voluntary family and other social service agencies, the California Commission on Aging, and others). Noted here are two examples of how staff brings the community into participation in the life and functioning of community projects.

The staff has been keenly aware that there is a paucity of knowledge about the needs of the older members of certain ethnic sectors of the wider community: the Black aged, the Mexican-American aged, the Indian aged, the Asian-American aged. This situation has meant that those in a helping relationship to such persons—public welfare and other social workers, doctors, nurses, recreation personnel, teachers—frequently have lacked an informational base or understanding for effectively working with such older people, and for coping with gaps and operational problems in delivering services to such groups. With the planning and direction of an Advisory Committee on services to the Black elderly and providers of service to members of this ethnic group, gaps in knowledge about services and problems in service delivery were identified. A series of workshops were then conducted as training programs for persons providing services to the Black elderly. The papers prepared for these programs have now been published as a monograph which is being distributed for use as a training tool. (A number of conferences and workshops using a very similar approach have been conducted in the area of services to the Mexican-American elderly).

The second example of a project in which there was a high degree of community participation and involvement with the Center by a wide range of community leaders, professional personnel and senior citizens is described in the appended report, "The Dimensions of Leisure for Aging" by Ginny Boyack. Planning is currently underway to build on, and meet the community requests to the Center resulting from, this extensive undertaking in the critical area of the productive use of leisure by the elderly in our population.

WHERE ARE WE HEADING?

Finally, a few comments are in order about future directions for the Community Projects Program. Mainly, the intent is to build on and expand current program, with special emphasis on selected areas. For example, it is expected that the newly-added nurse-educator will develop an expanded, comprehensive array of continuing education offerings for nurse and allied health professionals. Additionally, it is necessary to tool up so that faculty and students can meet effectively the increasing number of requests for consultation and program evaluation that were noted earlier.

But it also is essential to broaden the Community Projects Program's horizons to encompass such areas as pre-retirement planning and the use of leisure-time by older persons, although some tentative beginnings already have been made in this respect.

The staff currently is planning how most effectively to assist in the training of the personnel doing the community planning and staffing for the nutrition and other community programs which will hopefully be initiated by the Administration on Aging in the not-too-distant future.

Project personnel fully intends to continue and expand the research and training activities with regard to the older adult volunteer. In this connection, it should be noted that a small but growing nucleus of volunteers in the Andrus Center itself has already been initiated and it is expected that this program will develop rapidly.

In closing, it should be pointed out that while this presentation has focused on the Community Projects Program of the Center, the building and maintenance of the bridge with the community is not just the business of Community Projects, but is an important part of the concern and activities of everyone at the Center: faculty, staff, and students.

Training For Nursing Home Personnel

(By Arthur N. Schwartz, Ph.D., Project Director, Ethel Percy Andrus Gerontology Center, University of Southern California, Los Angeles, Calif.)

This project is designed as a collaborative effort between the Center, the California State Department of Mental Hygiene, and a number of participating long term care facilities in this area. The project, conducted under the aegis of the Ethel Percy Andrus Gerontology Center's Community Projects Program, is one of five in the United States funded by the National Institute of Mental Health in the arena of training for nursing home personnel. The impetus for this training/demonstration project derives both from the call of the President at the White House Conference on Aging, and the demand of the public that the quality of life in long term care facilities, particularly nursing homes, be significantly upgraded.

The "quality of life" eludes definition in terms which all can understand and agree upon, although when it is present, it is recognizable. Its absence, however, is readily observable. Accordingly, it has become increasingly evident that there are many more infractions and violations of statutory standards (where they exist) and principles of common decency toward the old in operating facilities than we are willing to tolerate—or perhaps, to admit. The more serious, pervasive fact is that the worst violations of standards of common decency toward the old in such long term care facilities more often than not are invisible to the eye: caretaking which ignores the integrity and dignity of the individual, procedures which omit respect and kindness, and policies and techniques which obliviously continue to penalize the old with respect to the many physical, social, economical, vocational, and psychological losses with which they are burdened.

While it is possible to make the case that such conditions in too many instances

exist because of the intransigent culpability of insensitive, profit-hungry and/or operators of such facilities, on balance, the fact also must be recognized that a great many owners and/or operators actively may contribute to or merely permit violations of standards not because of venality but because of inadvertance or because of lack of information, guidance, and training. Many have given evidence of sincere concern and desire to upgrade the quality of life in their facilities by participating in the increasingly available opportunities for continuing education in this field, thus increasing their own knowledgeability and expertise. One specific instance of this, among a number that might be cited, is the fact that a ten-week Seminar on Aging which the Center is now offering for administrators and other personnel in long term care facilities on a continuing basis has been over-subscribed from its inception a year and a half ago. And many also have manifested their motivations toward improvement by effecting policy, procedural, and programmatic changes aiming to enhance the quality of life and care.

The above is not to imply that good quality care cannot presently be found in long term care facilities; it does exist and it can be found. What is troublesome is that such care is not the universal rule. To this end, the critical importance and the central role of basic training and continuing education must be emphasized, especially where the gap exists; namely, in terms of the psychosocial dimensions of care of the old.

Primary among the several objectives of the project is the development of models of continuing education programs for use in long term care facilities. Another goal is to establish and implement modalities that will facilitate the translation of the model training developed within this demonstration project, into a program of state-wide coverage of long term care facilities that would be conducted jointly by the University and various training agencies within the state. The 1972 requirement of the California State Licensing Board for Nursing Homes that licensed personnel participate in at least 100 hours of "approved" continuing education courses over the next biennium has generated considerable demand for such training, especially in outlying areas of the state where training is not ordinarily available or accessible In addition, however, the State Department of Mental Hygiene had conducted a survey prior to this project that disclosed a keen interest in such training on the part of administrators. Indeed, this survey's findings had provided important impetus to move ahead with this project focused on training for nursing home personnel.

This project has been organized in two phases. During Phase I (now completed) the Project Director and Assistant Director conducted training as a "team" throughout a 16-week period with administrators and directors of nursing from each of four different long term care facilities as particpants. The basic training comprises a weekly six-hour session. The morning session consists of informal lecture/discussion: the afternoon period, a "clinical lab," is devoted to demonstrations, programmatic emphases (eg., how to conduct behavior modification, reality training, geriatric exercise programs, etc.), films, tapes, role playing, and other practical applications and extensions of the morning sessions. In addition to the basic session of training, each of the four facilities was committed to conducting a weekly two-hour "condensed" version of the basic session with selected members of their own staff in their own facilities. One instructor regularly attended this session to provide continuity and consultation to the trainee/trainer conducting the sessions with his own personnel.

The outline developed for this training puts major emphasis on the psychosocial dimensions of three "target" areas: the residents, the staff, and the families of residents. With respect to the residents, a "naturalistic" sequence has been followed in raising and discussing relevant issues: the resident's "career" prior to admission, the resident at time of admission, and the resident's "career" following admission. In dealing with all of the problems and issues raised, the focus is on a "climate" which endeavors to compensate the aged for their many losses so as to maintain at as high a level as possible both their sense of self-esteem and their confidence. With regard to the staff, the training deals with issues such as the basis of authority, understanding staff needs, staff development and growth, staff recognition and reward, and the like. Finally, in the area of families of residents, the emphasis is on the needs, expectations, problems, and demands presented by families, with the approach proceeding from the point of view that families need to be helped to become sources of assistance and support, rather than protagonists to the facility.

Evaluation procedures built into this project are recorded as a necessary, intrinsic part of any such training program, whether it be basic training or continuing education. It seems eminently sensible and important to discover in what ways the investment of time, energy, and money in such training is productive; that is, does it make any difference? If so, how much, what is the nature of the "difference"? The training in this project both formal and informal. The formal evaluation involves pre- as well as post-testing of attitudes and opinions of the administrators and staff of these long-term care facilities regarding the aged, the facility, the job, and other areas. Informal evaluation involves the keeping of a "log" based upon systematic observation of policy, programmatic, and behavioral changes occurring within the long term care facility and that are perceived to be a function of the training. It is hoped that in the future there can be an assessment of the response of the ultimate consumer, the resident in the long term care facility.

Continuing Education for Nurses

(By Irene Mortenson Burnside, R.N., M.S., Coordinator for Nursing Education, Ethel Percy Andrus Gerontology Center, University of Southern California, Los Angeles, Calif.)

It was clearly apparent from the inception of the Gerontology Center, and particularly in the outreach program, that the nurses, almost more than any other professional, played a critical role in the lives of the elderly.

The Center's earliest explorations with the leaders in the nursing profession quickly revealed that there was a recognition of need for a greatly expanded program of continuing education for nurses who function in a variety of settings such as the nursing home, the hospital, the community, and also in education.

The first educational offering for nurses was a two-day institute; the overwhelming response by the nurses to the institute subsequently led to formation of the Nurses' Advisory Committee at the Ethel Percy Andrus Gerontology Center. The committee was formed in 1969 to plan and implement workshops and institutes designed to meet nurses' needs in the Los Angeles area. After several successful institutes were conducted, the Gerontology Center increased the size of the committee, increased the number of workshops in other areas in California, held an out-of-state institute, and offered the first nurse-taught Summer Institute class.

In the evolution of the Institutes, there evolved the need for an integrated, comprehensive program for nurses in the form of a certificate which would be recognized by both the nursing profession and the licensing board. The core course includes a base in psychology, sociology, and physiology for two groups: the nurse educators and administrators, and the nurse practitioner caring for the elderly.

Initially, the Advisory Committee on continuing education for nurses which was established represented primarily Southern California. Later, representatives from Northern California and other regions of the State were added as a result of growing interest and requests for institutes from these areas.

On June 5, 1970 a planning conference comprising a broadly representative group of leaders from the nursing field was held at the Andrus Gerontology Center. There was general agreement among those present that: (1) a continuing education program to up-grade nursing services to the elderly patient, particularly the psychosocial components of those services, was badly needed; (2) such a program, if it is to be effective, must be undertaken as a combined effort of the service, professional and educational organiaztions in the area, particularly in view of the serious limitations on funds and manpower, (3) the Andrus Gerontology Center was a logical and appropriate organization to facilitate the initiation and coordination of this activity; (4) the creation of a standing advisory committee for this purpose should be the first order of business.

In the fall of 1970, and as a direct consequence of the participation of nurses in the Summer Institute and the workshops, a nursing educator from Arizona State University was enrolled in the Center for one year as a special student pursuing graduate study in gerontology. She strongly stressed the importance and value of the research available and the multidisciplinary approach used by the Center.

In addition to playing a central role in the planning and assisting in the implementation of institutes and workshops, the Advisory Committee recently pro-

posed that the Center establish continuing education programs for two groups: nurse educators, nurse administrators and nurse practitioners. The titles for each division are as follows:

1. Continuing Education in Gerontology for Nurse Educators and Nurse Administrators.
2. Continuing Education in Gerontology for Nurse Practitioners.

The program for the certificate for nurse educators and nurse administrators will begin with Summer Institute 1973. Eleven students have already requested admission to one nursing class required for the certificate. The objectives of the program are:

1. To analyze and synthesize basic modern gerontology concepts applicable to nursing.
2. To encourage and provide opportunities for multidisciplinary interaction, both in classroom and in clinical practice.
3. To evaluate gerontological content in current existing nursing curricula and practice, and to integrate new content into curricula and/or practice.
4. To examine the community resources available for the aged.
5. To engage the nurse in an advocate role for the aged.
6. To introduce the student to new audio-visual aids, new technology, and current literature available in gerontology.

As indicated above, a major, although not exclusive, target group in the Centers continuing education programs for nurses has been nursing educators. The critical role in the lives of the elderly played by those who prepare student nurses for service is clearly apparent. But most student nurse curricula have very little gerontology content, and most nurse educators lack knowledge in this field. It might, therefore, be of interest to note the increase in their enrollment in the Centers Summer Institute graduate courses from nine in 1967 to 38 in 1972. A considerably higher enrollment is expected in 1973.

The workshops suggested and planned with the Nurses Advisory Committee have also been enormously successful. The attendance has ranged from 200 to 720 per workshop, which have been given in both the Northern and Southern areas of California, plus one in Phoenix, Arizona. The workshops include such topics as "Aging: Concepts and Issues," "Confrontation With Dying," "Psychosocial Nursing Care of the Aged," and "Drug Use in the Elderly."

SUMMARY

Increasingly the Andrus Gerontology Center is seen as a resource in the field of aging by the nursing profession. The lack of gerontology courses in most nursing curricula, the paucity of available workshops for continuing education credit, and the constant needs of the aged for nursing care all point to the need for maintaining and expanding the educational programs which have been initiated by the Ethel Percy Andrus Gerontology Center. The addition of a full-time nurse educator to the staff of the Center in the fall of 1972 to serve as coordinator for nursing education will strengthen and accelerate the development of an even more comprehensive array of educational offerings for a wide variety of nurse administrators, educators, and practitioners.

The Dimensions of Leisure for the Aging

(By Ginny Boyack, Consultant on Leisure and Aging, Andrus Gerontology Center)

In an effort to meet many requests for information regarding leisure and its relationship with the aging individual, the Ethel Percy Andrus Gerontology Center, University of Southern California, convened a meeting of professionals in the fields of Leisure, Recreation and Education. As a result, an Advisory Committee on Leisure was formed. Its purpose was to review the needs of older citizens in relation to their leisure time and to investigate the Center's potential for assistance in meeting such needs. The members of this Committee represent every orientation which may have some influence upon the leisure endeavors of older persons in the Los Angeles County area.

What are older persons doing in their leisure? Where do they go? How do they get there? What services are available? Where are the voids? What are the com-

munity resources in meeting the leisure needs of our aging population? These questions, and many others, were considered by the committee members. As a result of these considerations a comprehensive project was developed. The project, funded by a Grant from the California Commission on Aging, was titled TIME ON OUR HANDS. The project program consisted of a series of community symposia, followed by a series of community Key Leaders' meetings.

The purpose of the four community symposia was to reach not only the older citizen, but also to reach the service providers from those community agencies and organizations which do now have, or could have, some responsibility (1) in providing services in meeting the needs of the older citizens during their leisure time, or (2) in using the experiences and knowledge of older citizens in resolving community needs and problems. Another goal was to develop directions for community coordination and cooperation in planning with the aging people and in using the human and physical resources available in the community.

Noted specialists presented their views on the subjects of Leisure and Aging at each one of the community symposia. Their presentations were made in such, a way as to motivate and to challenge the participants to think beyond their current limitations . . . hopefully to provoke the participants to seek imaginative, new answers in cooperative efforts with others who have common concerns for the present and future of our older population.

Participating in the four community symposia and four Key Leader's breakfasts were representatives from every community endeavor which may have some effect upon the leisure opportunities available to older persons. Represented were Recreation and Parks Departments, educational institutions, labor, government, business, industry, medicine, nursing, law, volunteer agencies, communications media, religious centers, civic and community organizations, service and welfare agencies, institutional care centers—and, of course, a majority representation of older individuals.

The Committee recognized that to plan an effective program it must reach the various population elements of the community. How do we reach the representatives of our older population so that they may share their needs, their experiences and their knowledge with those in responsible community positions? How do we reach the policy implementers and community leadership who have some influence on what resources are made available to older persons during their leisure time? How do we reach the real decision makers who are in positions to influence decisions about the commitment of budget, facilities and personnel to programs which can affect services and programs related to aging individuals during their leisure time? To what areas in Los Angeles County can we direct these initial efforts in reaching out into the community in a cooperative effort to provide human and physical resources in imaginative approaches to meet the needs of our older population during their leisure time?

Based upon these questions, four areas of Los Angeles County were selected, based upon (a) density of older population, and (b) diversification of socio-economic distribution of that older population. Those four areas were: (1) Southeast Los Angeles, which is composed of a large retired blue-collar population; (2) Central Los Angeles, Hollywood and Wilshire, which is composed of a low socio-economic and diversified ethnic population; (3) Venice, Ocean Park and Santa Monica, which is composed of both a diversified socio-economic and ethnic population; and (4) West San Gabriel Valley, which is composed of a population about which we have very little data.

The community Symposia were conducted on May 23, 24, 25 and 26, 1972. The same program was presented at each one of the Symposia.

The Key Leaders' Breakfasts were conducted on December 1, 4, 5, and 6. 1972.

Attending the community Symposia were a total of 550 participants, 63% of whom were individuals 35 years of age or over. A total of 170 key decision makers attended the four Key Leaders' Breakfasts. The caliber of such leadership in attendance can best be indicated by the Santa Monica program: the Mayor of Santa Monica; five of the seven City Councilmen; the Superintendent of Schools; the Director of the Parks and Recreation Department, the Executive Directors of the Volunteer Bureau, Red Cross, United Way and Chambers of Commerce, the Presidents of the Chamber of Commerce and Junior Chamber of Commerce; the Publisher of the Santa Monica Outlook newspaper and two feature writers; leadership of the AARP/NRTA and Senior Citizen organiza-

tions; the Director of the City Planning Department and the Chief Engineer—to name just a few.

The Key Leaders were made aware of the outcome of the area Symposia, according to his or her area. The Summary in the final Report includes: (1) Summary of the Area Symposia, (2) Summary of Responses to Questionnaires, (3) Compilation of Problems, Suggested Solutions, and Committed or Available Resources, (4) Selected Quotations (from recordings of the proceedings), (5) Selected Quotations from the Questionnaires, (6) Area demographic information, and (7) Press releases (when available).

A great deal was learned from this series of community programs, not only about the needs and resources of older residents but also about those needs and resources of the community in which he or she resides. It must be noted, however, that it would be unwise to draw any specific conclusions related to the general aging population of the United States from the data presented in this report due to the limited nature of the questionnaire and to the biases inherent in the responding group. Nevertheless, the data gathered from the questionnaire is valid, indeed, as such relates to this specific group of respondents and to the communities involved. Furthermore, the observations by participants provided significant insights into the scope and nature of the problems related to leisure and to the aging population in broad general terms.

The following information is presented in summary form relating to major points of information, major conclusions, significant results and concluding remarks:

SUMMARY OF MAJOR POINTS

1. Problems encountered

A Identification of participants and preparation of mailing lists to reach a truly representative group of older people and community resources

B. Identification of "hidden" community leadership.

C. Lack of representation of the "non-involved" older citizen—the isolated, the institutionalized, and/or the "non-organization" older population.

D. A working definition of "leisure" which is relevant to an older individual.

E. A program format which would fulfill the older participant's expressed desire for more time to be devoted to the laying of a firm foundation for their involvement with the subject; more time for open discussion; and, more time for the identification of community resources and development of viable programs. (A suggestion made was that, although a program such as this is valuable, "we just get started, and we have to stop", or "we just get warmed-up to the subject and it's time to go.")

F. A continuous request for assistance from the University in coordinating programs to meet the needs of older citizens.

2. Major conclusions

A. Four major concerns of older persons were identified by the responses to the questionnaires: (1) Health and medical care, (2) Finances, (3) Loneliness, and (4) Housing.

B. "Leisure" is a word which is defined differently by each individual—regardless of age or profession. The very concept of leisure has diverse connotations for our work-oriented older population who regard it as having some very serious negative implications. Recognizing the large number of hours that are available to retired persons for leisure pursuits, efforts must be made to alter attitudes concerning the work ethic and direct attention to the value of meaningful leisure endeavors.

C. Each community has a wealth of resources available to meet most of the leisure needs of older citizens, but a functional coordinating body seems to be lacking.

D. Each community in which this program was conducted is seeking an objective coordinating structure that can "make things happen" for its older population. Repeated requests were made to representatives from the Center for assistance. Many community representatives asked that the Center act as a catalyst and provide the objective leadership necessary in resolving the crises of older people.

E. Older participants were representative of a highly involved group of older citizens, who felt that they had no leisure time (defining "leisure" as absolutely free time). However, this group spent most of their time in volunteer work!

F. Older participants indicated that they wanted to become engaged in more educational and cultural pursuits.

G. Transportation is of great concern to the older residents of each of these communities, as it is nationally. "We cannot get to most of the interesting programs presented in our community because there is no transportation available."

H. Fifty per cent of the questionnaire respondents wanted to develop a new leisure skill.

I. Sixty-three per cent of the questionnaire respondents expressed the opinion that they did not feel that most older people used their leisure time wisely.

J. Most of the older participants expressed the opinion that programs such as TIME ON OUR HANDS are of value, especially as a plaform from which older persons can express their opinions as to their needs. But, there is an even greater need, and that is for follow-up on such expressions with the provision of programs to meet those needs.

3. Significant results

A. Eleven task forces, through the efforts of the participants of the Key Leaders' meeting in the West San Gabriel Valley area and the California Commission on Aging, have been formed for the purpose of developing a planning grant for that area.

B. A Planning Committee for Coordination of Community Resources was developed through the efforts of the Los Angeles City Recreation and Parks Department for the Central Los Angeles area.

C. The Los Angeles City Board of Education, through the efforts of one of its Board Members, has called a meeting to discuss its relationship to our older population and how it may more effectively meet their needs in regards to use of the Board's available human and physical resources.

D. Santa Monica and Southeast Los Angeles have both requested additional assistance from the University in utilizing the valuable information gleaned and the raport established between agencies through the Symposia.

The leadership in each of the communities in this project expressed a sincere willingness to direct attention to the needs of their older residents. There was a continuous appeal expressed by the leadership for assistance from the Andrus Gerontology Center. Repeated requests were made that the Andrus Center act as the catalyst in coordinating the community resources and in providing the dynamic planning necessary in the development of relevant programs to meet the needs of the older popualtion and to utilize the resources available in the community. It appears that either no organization or agency would singly undertake such a responsibility, or no one group is able to muster sufficient support in the community required for such a coordinated effort.

Indeed, if life for the aging in our country is to have depth as well as length; if it is to possess meaning, significance and vitality, then all facets of each community must coordinate their efforts and resources to provide options which give that quality in living that will permit us all to grow old with dignity.

Who will be that catalyst?

Older Volunteer Training Program

(By James A. Peterson, Ph. D., Director of Liaison Services, Andrus Gerontology Center)

The Older Volunteer Training Program is a joint venture of the National Retired Teachers Association. The American Association of Retired Persons and the Ethel Percy Andrus Gerontology Center at the University of Southern California. It is directed by Mr. Bernard Nash, executive director of NRTA and AARP, and Dr. Albert G. Feldman, Associate Director for Community Projects at the Andrus Center. The goal of the project is to isolate the issues and methodology involved in developing maximum utilization of older adults as volunteers. The anticipated output of this program is to sharpen training older volunteer.

Four stages in this project are mapped out to reach the goals defined above. The first stage, which is completed, focused on defining the issues and training alternatives for the older volunteer. The second stage was a conference of experts designed to analyze the issues and alternatives articulated by stage one. The outcome of this conference is a critical statement regarding the basic issues facing those who are developing programs for the older volunteer in such a form

as to give a platform for planning a training demonstration which will be stage three. This stage is outlined and funded. The director of the project will be Dr. Mary Seguin who will come from Western Reserve University. The summaries of stage I and II are part of our exhibit. Stage four envisages the production of multi-media materials about training which will be widely disseminated.

STAGE III, RESEARCH AND DEMONSTRATION OF TRAINING

The objective of this stage of the Older Volunteer Training Program is to develop and test a model for training older adults to take positions of voluntary leadership and service in the community. The proposed model is a linkage system with two major components: (a) an administrative or leadership volunteer team, and (b) operational or service volunteers.

The importance of establishing linkages whereby older adults can be connected with suitable volunteer positions and be supported in their work is suggested by the fact of the underutilization of older persons as volunteers (Schindler-Rainman & Lippitt, 1971; Sieder, 1971).

Success in establishing a linkage system for older volunteers has been documented by SERVE (Sainer & Kaller, 1971). The proposed linkage model is based on the SERVE experience but makes significant departures from it. The administrative team in SERVE was paid, and was not composed of older people. In this model, however, the administrative team is conceived as older volunteers.

The focus of this training demonstration is on preparing older persons to function as leadership teams in finding, placing, and supporting other older adults in operational or service positions as volunteers. Research procedures to test the effectiveness of using older volunteers in administrative or leadership positions will be developed as one major contribution of this project, growing out of the linkage systems to be set up as part of the training demonstration. Procedures and materials for training leadership teams in voluntary systems will be produced as the other major contribution of this project. This model also proposes to replicate SERVE procedures for demonstration and research with respect to operational (service) volunteers. This can be done in part through affiliation with RSVP, for which SERVE was the prototype, in order to obtain funds for coverage of out-of-pocket expenses of older volunteers and guidance in the development volunteer stations. Recruitment of operational volunteers would be local (Los Angeles area) through the Voluntary Action Center and other auspices. Recruitment of leadership teams would be both local and nationwide.

Cycle 1

In order to develop training program and materials, and to have an appropriate base for research, it is proposed that three demonstration centers be established. Each would permit the functioning of both leadership teams and groups of operational volunteers. Although basically similar in this respect, each would be different in emphasis, due to the nature of the host organization. One would be developed in an organization characterized as a volunteer station, such as a Children's Hospital, in which older volunteers can perform operational or service tasks. Another would be developed in an organization that can supply older volunteers, such as AARP, characterized as an older volunteer source. The third would be set up in a linkage organization, such as a Voluntary Action Center, in which the focus would be on contacting sources of older volunteers and linking them with volunteer stations.

Each of the three demonstration centers would be the locus of from 45 to 50 trainees; approximately 15 administrative volunteers and 30 operational volunteers. This first cycle of demonstration and research would result in training 135–150 older volunteers; in an analysis of similarities and differences between this program and SERVE with respect to operational volunteers; in an initial preparation of volunteer leadership teams for older volunteer utilization; in the study of their motivation; and in the establishment of procedures used in their training.

The three demonstration centers together would provide a sample of approximately 100 operational or service volunteers for study.

The positions to be filled in each leadership team are five or six, depending upon the availability of other resources. The positions include: (a) manager/administrator of the older volunteer unit, (b) public relations/public education/community support/reward, (c) recruiter/source seeker of older volunteers, (d)

job developer/station finder, (e) volunteer group leader/liaison between sources and stations, (f) transportation coordinator. In order to test the idea of several older people covering one position—to reduce the time required by each individual and increase flexibility of commitment of time and energy—and to obtain a sizable group for training and for research, approximately fifteen (15) older administrative volunteers would be recruited for each center—three for each of five positions.

Cycle 2

For Cycle 2 administrative volunteer teams from various parts of the country would be recruited, using some of the initial trainees as consultants to the recruiters. The initial trainees would become the inductors and trainers of the new recruits. This could be done in three ways: (a) at each of the established demonstration centers by placing two new out-of-town teams (of 5 members each) with one initial team of five members; (b) by establishing new demonstration centers under the guidance of an initial team and two new out-of-town, the responsibility for on-going operation after the demonstration period resting with the initial team; (c) by sending an initial team to another community to help establish a new center and train two new teams. In this way the training capability of the Older Volunteer Project would multiply. Each administrative team would train two new teams; the number of operational volunteers would be tripled; and the number of older volunteer units would be tripled. Thus, by the end of Cycle 2, 135 administrative and 270 operational volunteers would be trained, and nine older volunteer units established.

The model proposed offers the potential for rapid expansion of the utilization of older volunteers, and for their development from within the voluntary system. By setting in motion a training plan in which each administrative team becomes the nucleus for training two additional teams, recruiting a set of operational volunteers, and establishing a new older volunteer unit, the continuing development of the program is assured without on-going commitment of large resources outside the older volunteer group itself. It is hypothesized that the outcome of this project will specifically determine ways to bring meaning into the lives of older persons.

Summary Report on Older Population Needs, Resources and Services in the Los Angeles County Model Neighborhood Area

(By Robert J. Newcomer, M.Pl., Preceptor in Urban and Regional Planning)

PURPOSE AND SCOPE OF THE RESEARCH PROJECT

The purpose of the research project was threefold:

(1) to determine the characteristics, interests and needs of those persons over the age of 55; (2) to analyze the available supportive services and resources in the community and to compare them with the needs of the older population; and (3) to recommend action programs to meet the needs of older persons and establish service priorities.

The study involved a combination of four separate investigations: a systematic search and review of available data concerning the study area; a survey of agencies, clubs, and churches serving older people in the area; a Delphi experiment with a panel of 11 local agency representatives; and a survey of aged area residents conducted among an area probability sample of 301 persons. Elderly neighborhood residents were used as interviewers during the community survey.

BAUKGROUND ON AREA

An important characteristic shared by large cities throughout the United States is that their older urban areas are populated by low income minority residents. Also characteristic of older urban areas is that they are inhabited by a large proportion of low income older persons who are in great need of life supporting services.

The Los Angeles County Model Neighborhood area is a microcosm of the problems associated with old age and life in an older urban area. The Model Neighborhood area consists of two unincorporated communities, Florence-Firestone and Willowbrook. These communities, located approximately five miles

south of the Los Angeles Civic Center, cover approximately seven and one-half square miles and have a total population of 71,600 people. Of these residents, 63.6 per cent are Black, the balance is predominantly Mexican-American and Anglo. The total population has declined since 1960 with the major proportion of this decline being among Anglo residents. The aged population, meanwhile, has increased both relatively and absolutely. By 1970, 13.2 per cent of the total population were people over the age of 65.

The model neighborhood communities are predominantly residential areas in which most housing units are single family structures. A substantial proportion of these structures is over 30 years old. The age factor contributes to a situation in which almost three-quarters of the housing is either deteriorated or dilapidated.

In addition to poor housing conditions, other residential amenities such as convenience to shopping, needed services and recreational activities are generally absent. The living environment is further characterized by high crime rates.

FINDINGS

Individual strengths and limitations

It appears that Elderly Model Neighborhood Residents have the ability to adapt to changing situations, particularly those associated with retirement and loss of physical ability. However, these people, especially Mexican-Americans, are functionally disadvantaged in many other respects. The absence of education, for example, may be in large part responsible for an inability to locate and utilize needed services.

Television viewing habits (especially interest in news programs) and frequent church attendance are two attributes which provide potentially useful and convenient channels for the dissemination of information.

Low income levels, on the other hand, reduce accessibility to many potential private services. This necessitates the use of and dependence upon public services. A potentially influential characteristic of the older person is his political involvement—as measured by a high propensity to vote.

Social environmental supports and responsibilities

Slightly less than three-quarters of the survey population live in households of at least 2 persons. In addition most report having frequent contact with their children and friends.

The presence of social contacts, except for neighborhood friends, was not found to increase service awareness, nor were there factors found to be a burden on the older person's time, energy or income.

A final point regarding social environmental resources is that there do not appear to be many mechanisms for the establishment of new ones.

Physical environment supports and constraints

The physical environment can be either a facilitator or constraint for the individual in pursuit of day-to-day activities. Model Neighborhood residents experience problems associated with accessibility to available services and facilities. Most major agencies which provide services to older people, as well as most of the major commercial and entertainment areas are outside the Model Neighborhood. Mobility to these locations, as well as those within the Model Neighborhood, is hampered by the unavailability or inconvenience of public transportation.

Other factors in the environment normally not regarded as inhibiting mobility create problems for area residents. For example, although the living quarters offer many supports like household appliances, and the advantage of low rent, both appliances and housing structures are in need of repair beyond the financial resources of most residents.

In spite of these several problems, both residential and housing satisfaction appear to be high.

Service agency resources and limitations

A multitude of agencies provide services for elderly Model Neighborhood Residents. And generally, in spite of examples of service area limitations, undertrained staff, and poorly equipped facilities, it appears that a broad spectrum of services is currently available.

The essential tasks required for improved service delivery appear to be upgrading the quality of existing services, informing residents of their existence, and improving accessibility.

RECOMMENDATIONS AND THEIR UTILIZATION

Fifty-two Action program recommendations were developed based upon the study's findings and the approval of the project's community advisory committee. Some of these recommendations have been implemented through the following programs. (1) A pocket diretcory of services for the elderly has been published in both English and Spanish and distributed to area residents. (This directory is now being revised for a second edition.) (2) A Directory of available services for the elderly intended for agency offices and personnel has been published and distributed. (It too is being revised for a second edition.)

(3) Information and Referral Centers have been established in the Model Neighborhood area in cooperation with the L.A. County Department of Senior Citizen Affairs.

(4) Two new neighborhood multipurpose centers are being constructed.

(5) A homemaker program funded through the Department of Public Social Services has been developed.

(6) Efforts have been made both by the Model Neighborhood Agency and the Watts Labor Community Action Committee (WLCAC) to develop more low income housing in the area.

(7) Minibus services have been developed to provide transportation to medical clinics, shopping, and clubs.

(8) Hot meals programs have been developed by the Compton-Willowbrook-Enterprise Community Action Program and WLCAC.

(9) A Foster Grandparents program has been developed by the Model Neighborhood Program.

In addition to these specific programs, the Model Neighborhood Study has been widely utilized as back-up data for a variety of grant and program applications. Among these are the organizations involved in the preparation of proposals for areawide planning grants and programs which are expected to be funded under the Older Americans Act.

This study has also been an impetus for the inclusion of special studies of the elderly in the Councilmanic District Studies prepared by the Los Angeles City Community Analysis Bureau. The directories, produced by the study, have spawned the demand for similar directories in East Los Angeles, a Mexican-American Barrio.

STATEMENT OF ALBERT FELDMAN, PH. D., ASSOCIATE DIRECTOR FOR COMMUNITY PROJECTS, ANDRUS GERONTOLOGY CENTER, USC

Dr. FELDMAN. Thank you, Mr. Brademas. We appreciate this opportunity. I thought we might perhaps, in the interest of time, just make a brief presentation and we have here members of the panel who are able to answer questions as to involvement with the community, and, then, following that, you might be interested in perhaps 2 or 3 minutes of comments from two people from the community who are here, to tell about how they see the involvement of the community and the center from their point of view. These two people are Mrs. Delores Churchill at the end down there, and Mrs. Churchill is the chairman of our Advisory Committee on Continuing Education for Services to the black elderly; and next to her is Rev. John Steinhaus, who is the executive director of Southern California Homes for the Aged and chairman of the California Board of Examiners of Nursing Home Administrators.

If I could perhaps identify them on down the line for the purpose of answering and directing questions. Next is Miss Irene Burnside, who is a nurse-educator who is coordinator for our program for the continuing education program for nurses.

On my left here is Mr. Arthur Schwartz, who is in a very interesting demonstration project in developing a model training program for nursing home personnel.

On my right here is Bob Newcomes who is an urban and regional planner for the Gerontology Center.

Then, on the far right down there is Dr. James Peterson, who has also been identified as our in-house expert on sex. I think he comes by that legitimately. But for our purposes today, you are quite free, gentlemen, to ask him anything about sex, but he is here today primarily to talk about our activities in the field of the utilization of the older adult as a volunteer, in which he and I share great interest and in which we are working together.

Now, If I can just briefly, and in order to conserve time I'll make reference to some notes I have here and tell you a little bit of an overview about the community projects program of our center.

I cannot emphasize enough from the very beginning Dr. Birren and the administration of the university perceived that community projects was a coequal partner in training and research in our enterprise here, because they saw the special opportunity we had and the responsibility to translate our expertise and our research knowledge into an improved better quality of service into the programs that are designed to help the elderly in our community.

Those of us in the community projects program, we address ourselves to about three major target groups. One is the professional persons working to help the elderly, directly or indirectly, such as psychiatrists or other physicians, and so on, or they may be nursing home administrators or hospital program administrators.

Another target consists of the educators who train the future providers of the service, and I cannot emphasize that too much. We find, for example, in the nursing home field—And Miss Burnside can elaborate on that and you may ask any questions about that—we find in the nursing home field, for example, it is fine to train the people who are already on the job but for the long pull you are not going to lick the problem unless or until you get the people who are prepared to go out into the field and provide service who have competent knowledge and who are motivated to provide nursing services and other allied health professional services to the elderly.

We had consultations in the college school of nursing, and things are no worse here than anywhere else, I'm sure, but to us at least it was rather startling, perhaps in some ways shocking, although I support we knew it, to find the motivation perhaps but the lack of training in gerontology in that school of nursing, and, even more importantly, the lack or the very small number of people there who were competent to train them. So, getting back to this training of trainers, that is very important in the field of continuing education.

The third target consists of the older adults themselves. Now, we agree that it's important to ask ourselves the question of what we can do for them, and we try to do some things; but we also think that it's perhaps in some ways more important from our own point of view to ask what the older adults can do for us.

Now, just a few comments about how we function. During the center's existence, which has only been a relatively-short period there has been a steady increase in the number and variety and extent of participation in community activities.

We use a four-track approach. One is research and demonstration of community services. An example of that is the training of nursing home personnel I just mentioned that Dr. Schwartz is involved in.

Another is a very interesting project which we are just initiating with the assistance of a grant of funds from the American Association of Retired Persons, I believe it is, in which we are going to try to develop some models for more effective ways of utilizing recruitment and training of persons so they in turn can go out and do the recruiting and training. We don't know how this will work out, but we think it's long overdue, and we are excited about the opportunity.

The third example is our community studies which is another instance of how we do research and demonstration. In the second type, the continuing education program that I already mentioned, some of these are developed through community workshops and some, of course, on their own initiative. But more and more we are developing at the request and with the cooperation of community groups, professional organizational service, agencies and so forth.

One example is the rapidly expanding educational program we have for nurses, which really comes out of pressure from the field. Some of these educational programs we do are similar to others, such as the medical school, law school, but we are increasingly reaching out and doing more with organizations outside the university.

I just returned last night from a very interesting 3-day workshop which we are conducting jointly in which we brought together a number of leaders from the national voluntary organizations and executives of State agency on aging to learn how they can work together more effectively for the benefit of the elderly.

Everybody, of course, thinks that's a very fine objective, and the State agency on aging and the voluntary national organizations are doing that in many effective ways.

The third track is consultation with community groups and individuals. This sort of a function I think is an important subject and a need that is very obvious, and is one of the problems we are facing due to our limited resources.

The fourth track is community involvement. We do this in many ways, and in a material sense we are very selective. We utilize people with time on their hands and have an opportunity to share their experiences and knowledge with the center's staff.

I think perhaps that's enough to set the stage. Perhaps if the two representatives for the community might want to make a few comments, we could hear from them and we then might answer questions.

Mr. BRADEMAS. All right. Mrs. Churchill, would you like to give us an idea of what you have been doing.

STATEMENT OF DELORES CHURCHILL, CHAIRMAN, ADVISORY COMMITTEE ON CONTINUING EDUCATION FOR SERVICES TO THE BLACK ELDERLY, ANDRUS GERONTOLOGY CENTER, USC

Mrs. CHURCHILL. Yes. My remarks will be on three points: the background of our community as we see it, the contributions of an advisory committee such as this, and finally how we see it could relate to possible Federal legislation.

The background of the community is that the Andrus Center reached out and formulated this committee in late 1971, and we have been going through a process of becoming an organized, functioned, effective committee to serve the university.

We are made up of black professionals. There are persons who are drawn from social work with the elderly, involved with medical work with the elderly, the churches dealing with the elderly, or long-term institutional care.

Coincidentally, the work experience of the persons who make up our committee in recent years and some for perhaps all their work life have been given over to working with the black elderly. The extent of their work with the black elderly does vary from person to person on the committee.

In terms of contribution, we see that an advisory committee made up of the service deliverers, because our committee does not at this point include the consumer; it really does not include the black elderly. But we are the persons who are out there in the field right now providing services.

We see that this committee, then, can be a resource to centers with a dedication to research and to education. We hope that we will be able to make a greater impact on the university in the future than we have made in the past.

One of the things that we struggle with, and I think this is valuable to other advisory committees, I think the advisory committee has to become an accepted part of the fabric and structure of any agency or any group that it is attempting to serve.

I think we are making strides in that regard here at the Andrus Center. We would like to be able to make an input into the research and into the education and into the training from what we know and what we have done already, especially with benefit of a specialized education to the elderly and especially the black elderly, because there have been some very good things that have been done, that have been learned without the formal context; and I think we need to draw on that kind of learning.

We would also feel, particularly, that we could stress to educational centers such as this, and I think this would relate to helping convince the powers that be that give out the money of the applicability of what we have learned here; that by studying certain specialized groups, there is the advantage in not only learning what would cut across all lines of elderly, no matter what background, but there would be a ready made group that you could study certain problems that have been superimposed on that group in such a way that they stand out and would make them easier to identify.

One of the things that we are concerned about in our advisory committee in terms of the black elderly and also the elderly of other ethnic groups is that while there is change, rapid change, in our areas of society, we are hoping that there is a realization that those from ethnic minorities are not only experiencing all of the rapid social changes that everyone else is experiencing but there is an increase of rapidity of, for instance, taking a look at the black elderly now, I would guess without knowing any figures that a significant portion if not the majority of those who are truly elderly and black and living in urban centers stemmed from backgrounds which must be described as non-middle class; and so you would come upon and you would discover certain kinds of characteristics in the black elderly of 1973; with the very rapid changes, however, that are going on in this particular

group, is this going to be the same characteristic of the black elderly even 15 years from now; and I would guess from a social experience only that it would change, because the black elderly 15 years from now will be pulled into what we call middle class; and these are the kinds of things that we want to be able to participate in and to call attention to those who make the decisions.

The last thing I would like to say in terms of the use of advisory committees, I think one of the tremendous things that this university has done is to establish this kind of a community advisory committee. Not that it's working perfectly and not that there are not problems, but the fact that it is here.

I think sometimes on an educational campus it is easy to cut through and to break through with all of the problems that we have without differences and start working together.

I would say in terms of legislation not only is there tremendous need to get studies and to get training off the ground, really off the ground nationwide and not just in California, in terms of studies of the aged and research having to do woth the aged, but that hopefully when such legislation is written, that it could be written to include their retirement, all types of institutions dealing with at least the elderly, reach out and actually involve them in the actual providing of the service in an advisory capacity.

We have one great advantage in that we don't cost the center. Our work is voluntary. Our time is voluntary. So we really are talking about in that sense a cost factor, but in terms of increasing the quality and the rapid applicability of what is learned is tremendous. There is no comparison.

One of the things we have done last spring, and we are trying to do something this spring and fall, is to utilize the center for short-term training and workshops where the information that is being gathered, the skill and knowledge that's here in the center, we can transfer rapidly out there to nursing care facilities serving the black elderly.

This is a tremendous opportunity that I don't think should be overlooked. Thank you.

Mr. BRADEMAS. Thank you very much, Mrs. Churchill.

Mr. Steinhaus.

STATEMENT OF REV. JOHN STEINHAUS, CHAIRMAN, CALIFORNIA BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

Reverend STEINHAUS. My voice, I would hope, would represent that part of the community that has been around a long time and in our way serving as best we could, but at this time we are becoming enlightened.

In my case, for instance, the church commissioned me to be responsible for serving the older people in our community who are in institutional programs and service programs, and it became quite obvious quite early that we were going to need more help if we were going to do a good job of really giving direct services to older people.

We need more than good intentions and that's kind of what we have most of all, is good intentions. So I can just give the testimony that the kind of services that have already been outlined this morning

which come from the Gerontology Center are really answers to prayers.

I think that I want to give witness to the fact that the Gerontology Center is not just the everyday setup through communiy service projects. We have developed a real partnership.

Those of us who are actually in the field serving and working and living with the older people appreciate the partnership where we can take their courses, where we can be informed about their research, and where we can become a part of the community projects.

I have a particular interest, and when the chairman mentioned his visits to nursing homes, I couldn't help but think that one of the problems we have is in upgrading the kind of services we who are practitioners have been giving for years but not doing well enough; and I think that one of the best ways we are going to upgrade our nursing care services is through continuing education of the administrator and the staff.

This kind of brings up some interesting challenges that we have these days. There are a lot of people who are in the field who don't like this idea. There are those who are antieducation.

There are shoe salesmen who, through the help of a brother-in-law, invested in a nursing home and is now the administrator of one and doesn't really want to learn why older people are different, what it takes to make life meaningful to someone who is lying on their back, someone who is discouraged and wants to die.

You know, it takes a little bit of understanding and it takes help from people like the faculty and staff at the center to help the administrator upgrade services to the elderly people like that.

So I really don't believe you are going to be as uncomfortable when you visit the nursing homes in the future if your administrator learns what gerontology is all about.

So on behalf of those older people and the practitioners who are my colleagues, I would like to thank the center and thank you people who represent the public for your interest in it. If you can help them to expand their program and increase it not only to all of us and all our older people, it is a real service to mankind. Thank you.

Mr. BRADEMAS. Thank you very much, Mr. Steinhaus.

Schwartz, you are working in the field Mr. Steinhaus is working in, do you have anything to add to what he said?

STATEMENT OF ARTHUR SCHWARTZ, PH. D., PROJECT DIRECTOR, ANDRUS GERONTOLOGY CENTER, USC

Dr. SCHWARTZ. I will try to be very succinct. I want to correct the record just a little bit, regarding what Miss Pomeroy said. She said clinical psychologists working with the elderly are almost nonexistent, although I think this is kind of a technical point. I am a clinical psychologist and a member of an association and I do have a part-time private practice working with older people. So while those of us who are doing this may be very minuscule in number, we are not totally extinct, and I just wanted to make that point.

I think it would be a mistake to assume that community projects are in any way divorced from basic research or isolated from basic research, because we perceive community projects, really, as taking the

best from all the areas, such as anthropology, sociology, biology, and so on, and putting it all together and making it viable at the grassroots level.

I think that's what this demonstration project we are working on now is demonstrating best of all—what the community has done. Thank you.

Mr. BRADEMAS. Well, that is very encouraging to me to hear you say that, Dr. Schwartz. Obviously what is exciting to us as legislators, who have to write laws that affect the whole country, is to feel that the support that we may give to centers like this for research and training and community projects will produce work that is not only valuable in and of itself but that will produce models that hopefully can be replicated in other parts of our society.

In that respect I might ask you, Mr. Newcomer, does the kind of summary report that you are working on for Los Angeles County lend itself to being used in other metropolitan areas as a way in which a census might be made of the nature and scope of the elderly population?

STATEMENT OF ROBERT NEWCOMER, M.PL., PRECEPTOR IN URBAN AND REGIONAL PLANNING, ANDRUS GERONTOLOGY CENTER, USC

Mr. NEWCOMER. This report was one of the first of its kind nationally to ever come out in this area of the study of the elderly. But subsequent to that report just in Los Angeles, the city's Community Analysis Bureau, which is part of the city Planning Department, has initiated special studies for the elderly for each of the councilmanic districts.

We have gotten numerous requests for this report from other parts of the country, other cities, other model city agencies and so forth, all seeking to somewhat replicate it or at least use it as baseline data for some of the policies that they are trying to get in there.

There is a consulting firm just organized by one of our faculty here which now specializes in offering this kind of a survey for communities, and there are currently three such public consulting firms.

In other words, we have not taken anything profound in the way of research but at least applied some basic knowledge and asked some of the basic questions that needed to be answered, and we tried to apply them in one case here, and that has mushroomed I would say to at least ten other applications within the last year.

Mr. BRADEMAS. Thank you.

Next is Miss Irene Burnside.

Miss Burnside, to what extent do nursing schools in the United States contain a gerontology component on the needs of the elderly?

STATEMENT OF IRENE BURNSIDE, R.N., M.S., COORDINATOR FOR NURSING EDUCATION, ANDRUS GERONTOLOGY CENTER, USC

Miss BURNSIDE. I hate to answer that question, because they tend to do it so poorly. Prof. Dorothy Moses of San Diego did a study on geriatric nursing content in curriculums, and there is very little gerontology material at any level of nursing.

It has been my experience that student nurses going for a doctoral in nursing science cannot find people, who have gerontology background, to sit on a committee and it's very frustrating, because when they go to put a committee together they cannot find people with the necessary background.

We are short of teachers in nursing schools, and one of the things we are trying to do here at the center is help the teachers, and they do come here to study and get material so they can upgrade their own teaching to take back to their schools.

Does that answer your question?

Mr. BRADEMAS. Yes, that's very helpful.

Dr. Feldman, I remember around 1963 another subcommittee wrote into law a technical education provision of the 1963 Higher Education Facilities Act, and the purpose of that was to encourage 2-year college level semiprofessional technician education, to be distinguished from vocational education as we know it.

Does it make sense to consider, in that you were the one who alluded to community colleges in California, encouraging people to go for associate degrees as gerontological assistants? I don't know whether that's a term of art or whether there is such a phrase. I know I'm familiar with dental technicians and medical technicians and engineering technicians; I'm not sure if there are gerontological technicians. Any comment on that?

Dr. FELDMAN. Well, I'm not familiar enough with precisely what's been done with gerontological assistants, although I know they have been training people to be community aides, for example.

I think it makes eminent sense not only from a cost point of view, which is a very important consideration, but simply from the manpower point of view, which is in some ways even a more difficult question to lick than the cost.

And so as not to overtrain people and to train people to do jobs that don't require as much training as another level of training for a person is a point that I think we all detect, and this would, we hope, certainly help the problem. We are trying to encourage them to do it, and our role, I would think, would be to try to help them as far as gerontology is concerned. The trainers over there are going to be doing this.

Mr. BRADEMAS. When we come back for another hearing, perhaps Dr. Feldman will be able to report the center is doing something in this regard as well.

Dr. Schwartz.

Dr. SCHWARTZ. I think this is the kind of thing that Dr. Steinhaus said: good intentions in dealing with care for the aged are fine, but also what we would hope to see in the future is a kind of humane expertise, too. I think this built-in standard that would go along with an associate arts is a desirable thing along that line.

Mr. BRADEMAS. I would certainly fully concur in that. Indeed, not having looked at the statute for some time, it may well be possible that under the present statute, assuming there is some money available, we could—without having to write new law—turn to that language to get some support for the establishment of some sort of an associate degree program.

The final question I would like to put to Dr. Peterson who has, I believe, been working on a project to encourage the enlistment of older people as volunteers in the community. This is also of great interest to candidates for office, and I would look forward with great enthusiasm to whatever you produce. As I understand it you are going to tell us what, scientifically, seems to be the most effective way to recruit older people to serve as community volunteers, and I would just note that one use one might have for the kind of thing you are interested in, and indeed for all of the community involvement projects that we have been hearing about, are the congressional races around the country. I'll take away, among other things I've learned this morning, the fact that in my own district, one might well try to give stimulus to the kinds of activities that you are talking about on behalf of the Representatives in Congress, and State legislators.

But I would be interested if you could give us a little summary capsule of what you are doing in that regard.

STATEMENT OF JAMES PETERSON, PH. D., DIRECTOR FOR LIAISON SERVICES, ANDRUS GERONTOLOGY CENTER, USC

Dr. PETERSON. I would like to add to what Mr. Hansen said about the fundamental needs of the older people, to meet with them and know them. I might add that when you get all through talking about nutrition, they will say, "What is the meaning of my life?"

Older people need to be involved usefully in the community to have the self-esteem that you're talking about. We have 21 million, now, experienced individuals, many of them wise in the ways of dealing with other individuals. We haven't learned quite yet how to utilize that manpower.

There are differences assuming between standard volunteers who are the 25- or 35-year-old housewives and the persons in their sixties and seventies when they go out to serve. We need to discover what those differences are. We need to discover under what conditions and under what setting the older persons can make the largest contribution.

We are asking likewise the question of how can you train older persons as volunteers and move them up in the legislative ranks and have them in turn train their own peers and their own friends and under what conditions.

What we hope to do again is provided a model for the use of volunteers. There has been some very excellent work nationally. The foster grandparents program is excellent.

We are learning from that. We had a conference in Washington a few months ago where we had experts from three countries there to go over these figures in the field, and the other phase is dissemination to provide films and guides for the utilization of volunteers for the Nation.

Thank you.

Mr. BRADEMAS. Thank you very much, Dr. Peterson.

Mr. Hansen.

Mr. HANSEN. Thank you very much. I would just note that while this was not among the needs that were articulated to me by older people, it is the one that I think I did utilize in my earlier comments that to me is the uppermost.

They seem reluctant, and understandably so, to talk about their lack of meaning and purpose and being needed by society. If we can lick that problem, and it's not one that is susceptible of legislation, although, there can be legislative leadership, if we can lick that problem we will be dealing with some of the root causes of other ills within the older people in our society.

Let me ask a question that any of you may respond to in this area of community projects, which seems to be within the scope of this question, these two basic problems we have been talking about—isolation and status.

What in the area of community efforts and initiatives that we are concerned with here holds the most promise for attacking those problems of isolation and lack of status? The reference has been made to foster grandparents, the RSVP and so on. Are there other initiatives, are there other ways we can change these programs, other things that you are doing to help make older people feel less isolated and achieve greater status?

Dr. PETERSON. I would like to mention one phase of the problem we are working on here and that is the destruction of stereotypes characterized in the general public's reaction. We have tried through dissemination of our research and training about the mental and physical capacity of older persons in terms of sexual capacity and we have tried to destroy all the stereotypes so that we can find a more adequate response on the part of the public toward the older person. That's half of it.

I think we all have this task of changing the image of the older person as someone who is through and kaput, on the shelf, because of a youth-centered society.

Mrs. CHURCHILL. Mr. Hansen, I should mention two things that have been done with the cooperation of the advisory committee and the center. We have given two short-term workshops, last year, and at each one of those the older citizens were asked to actually participate. They were invited. Those who did participate, the center took the responsibility for giving them certificates of thanks for their participation, and of course not too many could participate in something like that, but it was a tremendous feeling, and the senior citizens groups that served, the particular groups of the black elderly who were representative, did know about it and it left an extremely good feeling with them that they were recognized and that they had been included in a very formal kind of institution and their views were sought and listened to; and I think this is a very important step, that an institution with prestige such as this can reach out and do that kind of thing with the elderly, who are sometimes forgotten.

Dr. FELDMAN. It seems to me you just have to make the services accessible even to those who do not fit into the model as you now have it. You've got to put it out where they can get to it. But, more importantly, and this gets to Delores's point, I think you have to devise recreation, senior citizen services, whatever it is, social activities, in ways that meet their needs and have people recognize the fact that people are different instead of putting them all into one homogeneous thing as was referred to earlier, and that is not done often enough.

We must tailor a program to meet their needs. We are going to have to find new ways to meet the needs of the elderly and, of course, we have to find out their needs in order to meet those needs, including such things as simply reaching out; and we have to realize that some people, probably a very small number, it is going to be very difficult to reach them because they are not as active.

Mr. HANSEN. That's a point I would like to underscore; those that are more active and more interested are easier to reach and they will come out.

Dr. FELDMAN. That's right. We always skim that cream off first.

Mr. HANSEN. And the ones that have isolated themselves, so to speak, are going to be much more difficult to reach.

Dr. FELDMAN. That's right.

Dr. SCHWARTZ. You are asking what particular part was going to be more promising. It seems to me that every time you are going to be asked that you are likely to get this kind of a response; there are a number of different programs not one of which is going to be the star so to speak or the answer, and I would just like to suggest that it seems to me that that really in a sense provides the rationale for a center such as this.

With respect to upgrading the quality of nursing homes, for example, or long term care facilities, one of the things we are experiencing now is we are getting an enormous number of demands all around this area and in other parts of the State where there are a lot of training programs being proliferated. 1- and 2-day institutes and so forth. There are a great number of different variety with variation in quality, content, and so on, and what is happening, I think we can all testify to this, is there is a tendency to come to the center and, in effect, whether one wants it or not, one gets drawn into sort of a coordinating and sorting out and collaborating function; and it seems to me that this is fulfilling a very real need, too, and that there is kind of a coordination for various kinds of programs that present ultimately a multi-dimensional response to what we are talking about.

Mr. BRADEMAS. Mr. Lehman.

Mr. LEHMAN. I might call to Mr. Petersons' attention that one of the best ways of making people feel useful as they get old is not to retire them so they can still look forward to leaving work Friday and dread returning on Monday.

There is one thing I would like to ask Mrs. Churchill. When I go out in my district and talk to black people, one of the frequent questions I get is we should start the benefits for older people and particularly blacks at an earlier age than we now do; and I'm sure you've been dealing with that. It's a very difficult question for me to deal with. The life expectancy of the black is some 5 years under that of the white, and they feel that since they've been paying social security for all these years, that they're benefiting the white retirees and they're getting cheated. I usually say, "Well, we're going to have to improve the housing and the job and the health facilities"; but in the meantime it just doesn't satisfy them. I was just wondering can you give me a better answer?

Mrs. CHURCHILL. I'm afraid my answer wouldn't be a better answer. As a matter of fact, I was at a meeting of senior citizens Thursday and

that question came up again, and, of course, I told them that I think the answer is that they really need to mobilize; because I don't really believe that you could give them another kind of answer. This is something you're going to have to get at, at the political roots. So I don't think an individual can give a better answer than you tried to give.

Mr. LEHMAN. That's all.

Mr. BRADEMAS. Well, I want to thank all of the members of this panel and Dr. Feldman. And I know I speak for my colleagues, Mr. Hansen, Mr. Lehman, Mr. Bell, and the members of our staff, and myself, when I tell you that we have found these hearings among the most valuable that our subcommittee has had on this or, indeed, on any other of the many subjects with which this subcommittee must deal.

You have been to the point in your prepared statements and in your responses to our questions, and I am going to try to see if we can publish these hearings apart from our other hearings so that they can be more easily distributed across the United States. I want again to tell you how much we appreciate the kindness of all of the members of the staff of the Andrus Gerontology Center.

I would like to yield to Mr. Hansen for a comment.

Mr. HANSEN. I want to concur with the chairman's remarks about the value of these hearings. I think they are one of the most impressive that we've ever conducted, and also I want to express my appreciation to the chairman for his leadership in arranging these hearings. I think the record should show that he has contributed in this area as well as many others in a very productive and creative way.

Mr. BRADEMAS. Thank you.

Mr. Lehman.

Mr. LEHMAN. I want to say that Mr. Brademas, as Mr. Hansen said, has taken the leadership and has brought the subject of these hearings to the forefront of the national consciousness. I for one will come back anytime Mr. Brademas deems appropriate.

Mr. BRADEMAS. Thank you.

Dr. Birren?

Dr. BIRREN. The time is late. I just want to take a moment and say this to me is one of the best examples of our political system and our American way of life exemplified by the partisanship and the consideration for the well-being of the people.

We have been extremely impressed with how well-informed you are, as shown by the penetrating questions you have asked, and I am proud of our faculty, students, and staff here; and to show that we are not all abstraction here, I would like to invite the committee and the members of the audience to adjourn to the library where not only will we be aided by some books but also by some refreshments and sandwiches.

Just one other point. Mr. Lehman was concerned about when old age began, and I was reminiscing that it begins when one begins to exercise caution.

Mr. BRADEMAS. Well, on that note, we will thank you and adjourn.

[Whereupon, at 1.15 p.m., the subcommittee adjourned, sine die.]

[The following material was submitted for the record:]

BOARD OF SUPERVISORS,
COUNTY OF LOS ANGELES,
Los Angeles, Calif., April 12, 1978.

Hon. JOHN BRADEMAS,
House of Representatives,
Washington, D.C.

DEAR CONGRESSMAN BRADEMAS: As an elected official vitally interested in the general well-being of the elderly of this County, I recognize the significance of the contributions of the University of Southern California Gerontology Center in research, higher education, and training in the field of aging.

The need for more institutions of higher learning that address themselves to this field is self-evident in view of the increasing elderly population of this nation and the need to further our knowledge in this area for the benefit of the elderly.

We who are fortunate to have the U.S.C. Gerontology Center in our community point with pride not only to this center's magnificent plant and its accomplishments, but the promise of fulfillment of its goals and objectives that will enhance the field of aging.

Sincerely,

ERNEST E. DEBS,
Supervisor, Third District.

OLDER VOLUNTEER TRAINING PROGRAM

A Position Paper

on

Issues and Training Models Related to Voluntarism and the Older Volunteer

By

Mary M. Seguin, D.S.W.

Ethel Percy Andrus Gerontology Center
University of Southern California, Los Angeles

1972

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INTRODUCTION AND OBJECTIVES

INITIATORS

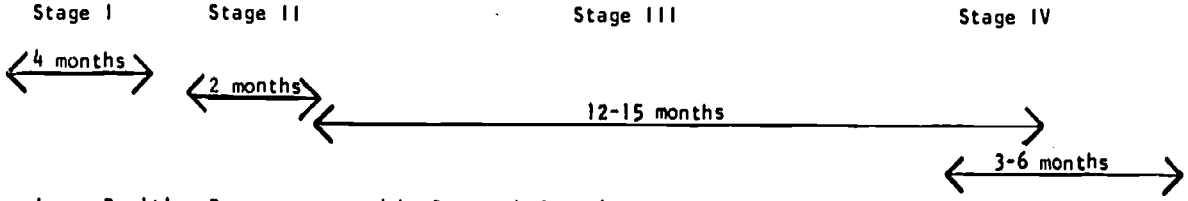
In January, 1977, Mr. Bernard Nash, Executive Director, National Retired Teachers Association and [illegible] Association of Retired Persons; Dr. James Peterson, Liaison Officer between NRTA-AARP and the [illegible] Andrus Gerontology Center of the University of Southern California; Dr. Albert G. Feldman, Associate Director for Community Projects, Andrus Gerontology Center, USC, and Dr. Mary M. [illegible], Research Consultant, set in motion the first of the four stage plan.

DESIGN OF REPORT

This report is designed as a work tool for persons interested in the development of older volunteers, especially those who will give leadership to this "Older Volunteer Training Program" as it unfolds through four projected stages.

This report of Stage I (issues and training alternatives derived from a review of the literature on voluntarism re older volunteers) is intended to facilitate the task of Stage II--of setting priorities and guidelines for Stage III (a pilot training program) and Stage IV (dissemination of materials and methods developed in the training program).

PROJECTED SCHEDULE FOR OLDER VOLUNTEER TRAINING PROGRAM AND DOCUMENTS TO BE PRODUCED



I. Position Paper--prepared by Research Consultant

II. Proceedings from Conference of Experts--edited by Research Consultant

III. Evaluative report of training demonstration and research--prepared by Research Staff

IV. Training materials--produced by Multi-Media Staff

TRAINING NEEDS TO SUPPORT OLDER VOLUNTEERS

Policy recommendations from the 1971 White House Conference on Aging support the need for training (Report to Delegates, 1971). "A special need is for programs that will prepare older people for retirement and for meaningful post-retirement roles as employees or volunteers in community activities. Many older people have qualms about engaging in post-retirement activities and innovative measures need to be devised to assure that they will get the preparation they need" (Workbook on Training, 1971 p. 6). The situation in which the older person volunteers also needs to be prepared for using him effectively.

"The volunteer is not a replacement or substitute for paid staff, but adds new dimensions to the agency services and symbolizes the community's concern for the agency's clientele" (Regulations and Guides for Implementation of Social Security Act Titles on Training and Use of Subprofessionals and Volunteers, 1969).

OBJECTIVES OF THE PROGRAM

The ultimate goal of older volunteer programs is optimal utilization of older adults in positions of community leadership and service, of benefit both to the volunteer in making a meaningful contribution and to recipients of the voluntary service. The goal will be reached when older persons have access to volunteer positions, take them, and are rewarded and supported in their role performance. Reaching the goal involves a complex set of interacting factors of people, positions, linkages, and support systems--called here the volunteer matrix.

The intermediate goal is to generate opportunity for older persons to serve as volunteers and to motivate them to do so. In order to open opportunity and provide motivation, attention must be given simultaneously to all aspects of the volunteer matrix. Motivation is not a characteristic which the older person brings with him, but rather the result of an interaction of the older person with the situation. The capacity of most older persons to serve capably as volunteers is assumed, based on knowledge about the population age 60 and older.

The proximate goal of this particular program is limited to one vital aspect of the utilization process. The anticipated output--training methods and materials--is for use in "support systems" that assist older volunteers in finding and enacting effectively roles of leadership and service in their communities.

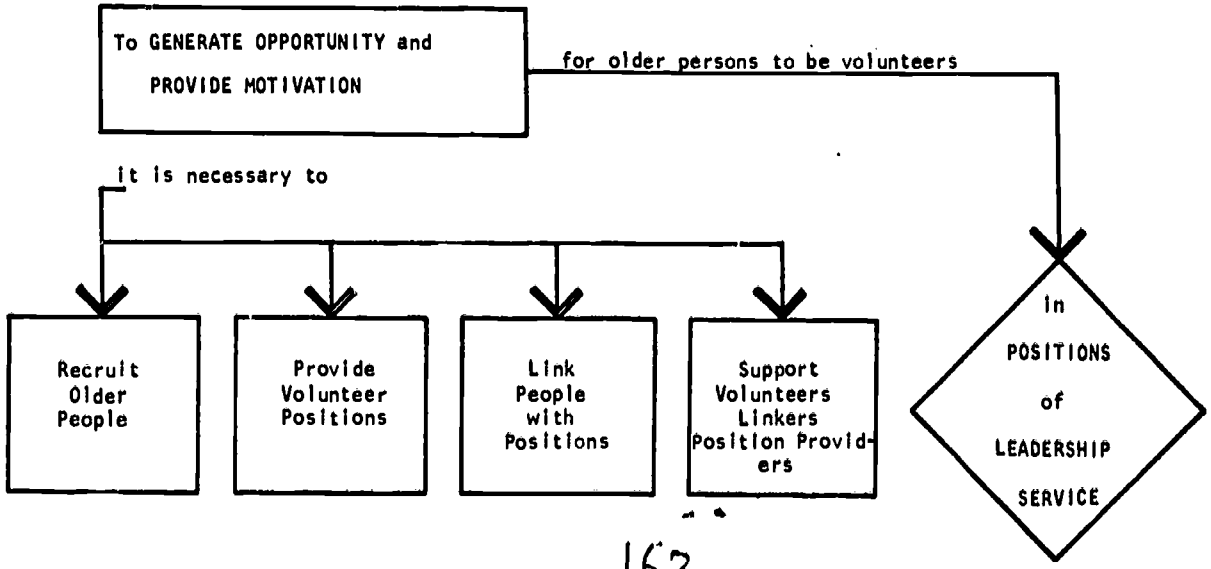
The VOLUNTEER MATRIX for older volunteers is a set of interacting factors:

People--informed of opportunity, and motivated to take volunteer positions,

Linkage--made between people and positions,

Positions--that are available, accessible, and appealing to older adults,

Support--given, including training of older people, linkers, and position providers.



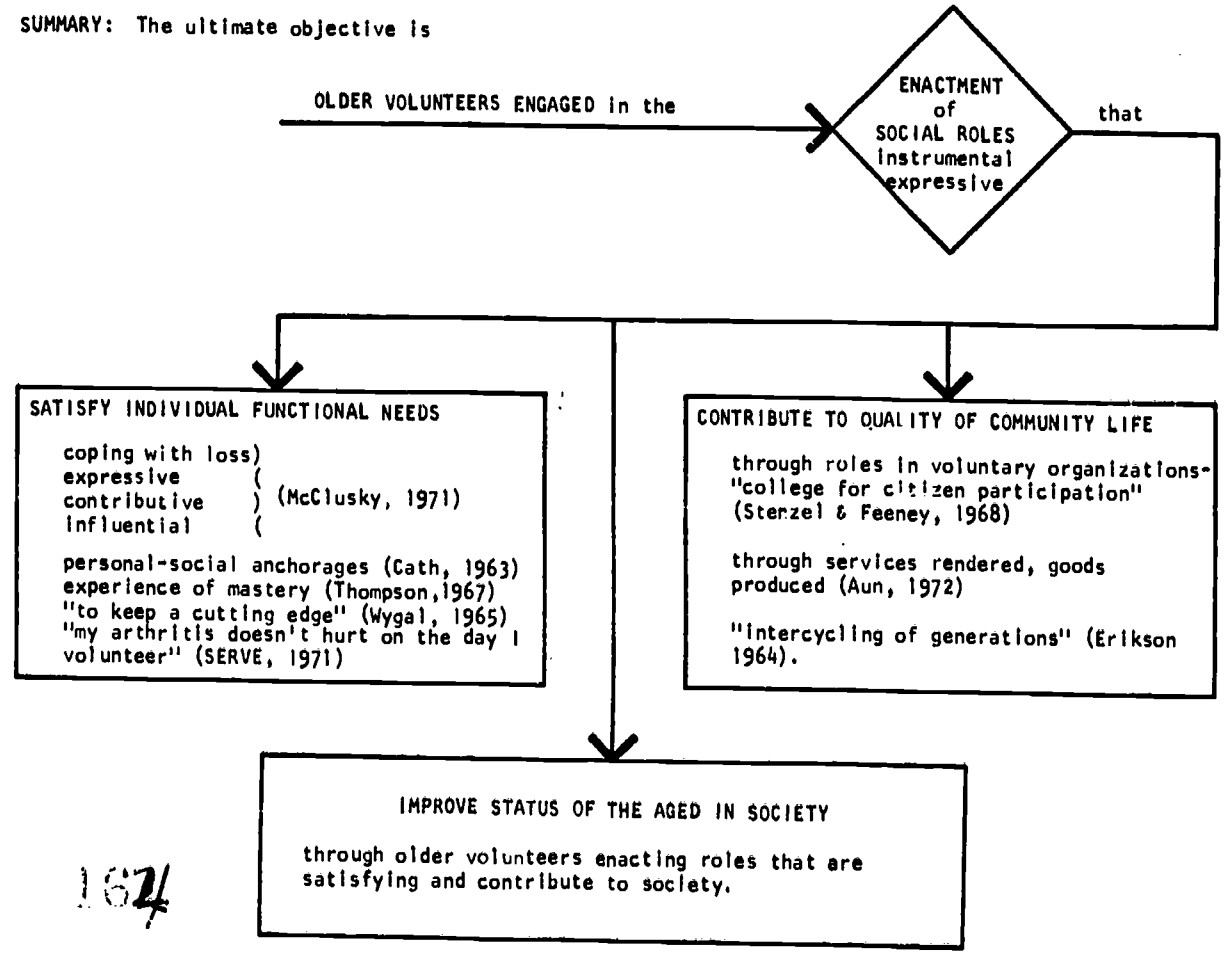
VALUE OF VOLUNTARY PARTICIPATION TO OLDER ADULTS AND TO THE COMMUNITY

The use of mature persons as volunteers in meaningful roles is a major means of bringing significance into the lives of retired persons, and of enhancing their contribution to our democratic society. Older persons need the opportunity "to fulfill themselves by giving service to one another and to their communities" (Report to Delegates, White House Conference on Aging, 1971).

"The habit of participation is the most precious possession of democracy's citizens" (Smith and Lindeman, 1951, p. 151). The individual and the organization both "undertake responsibility to remedy or improve social conditions in the neighborhood, the city, the state, or the nation" (Stenzel and Feeney, 1968, vii). "The voluntary organization is also a channel through which the dignity of the individual, his rights and responsibilities can be heard and their influence felt on matters pertaining to social policy" (Cohen, 1960, p. 18).

"Concurrent with this responsibility is the belief that training for effective participation in the affairs of the community and for true commitment to the welfare of its people, depends in large part upon the experience and self-development received in voluntary effort" (Stenzel and Feeney, 1968, vii). "Nothing is more vital to the renewal of an organization (or society) than the system by which able people are nurtured and moved into positions where they can make their contribution. In an organization this implies effective recruitment and a concern for the growth of the individual that extends from the earliest training stages through the later phases of executive development" (Gardner, 1965, p. 76).

SUMMARY: The ultimate objective is



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VOLUNTARISM AND THE OLDER POPULATION

TRENDS IN VOLUNTARISM AND THE OLDER VOLUNTEER

The more recent literature on voluntarism (Schindler-Rainman & Lippitt, 1971; Stenzel & Feeney, 1968; Naylor, 1967) has noted trends that use segments of the population heretofore not widely used, such as the poor, the old and the young, as administrative and operational (service) volunteers in a variety of public and private organizations. Policy makers drawn from consumer groups often enact roles for which little preparation was made. Naylor has observed that "New areas of volunteer service are opening in the United States today, and favorite assumptions about volunteers are being jolted. Attitudes and ways of work are being refashioned" (1967, p. 11).

In order to utilize these "new" resources, attention must be given to each aspect of the process of volunteer development--finding and recruiting; placing; training and supporting; recognizing and rewarding; and evaluating and planning. Moreover, the parts of the process must be put together into unfragmented units, especially for volunteers who may be participating in voluntary work for the first time.

"New" managerial roles for professional staff are outlined. The use of teams--professionals and paraprofessionals, paid staff and volunteers--is suggested. Career ladders for the vertical movement of volunteers to positions of increased responsibility and prestige, and lattices for horizontal movement among different kinds of jobs are proposed. A forcefully expressed need is for persons prepared to be "trainers-of-trainers" (Schindler-Rainman & Lippitt, 1971) and managers of work teams. "The keystone of voluntary activities is the concept of sharing work: of volunteer--staff teams carrying joint responsibility for tasks, projects or continuing functions" (Naylor, 1967, 53).

Training programs for unseasoned volunteers emphasize immediate "doing" and frequent opportunities for "knowing and doing" as the jobs require and as volunteers seek information and skill. Training programs for administrative volunteers, such as board members and others who participate at policy level in planning, are outlined for more traditional voluntary organizations; and training programs for operational volunteers who carry out direct program activities or service jobs either as members of an organization or as direct service volunteers recruited from other organizations or self-recruited.

The development of volunteers and their utilization in organizations in the community are two aspects of one voluntary system, and need to be integrated into a single training-learning experience. In taking a new look, organizations need to direct specific attention to making volunteer jobs available, accessible and appealing to older persons. They may need help in doing so.

The underutilization of older adult volunteers has been noted frequently in the literature on voluntarism. Schindler-Rainman and Lippitt, for example, have stated, "The older segment of our population plays a very small role in the volunteer world, considering the number of elders there are and the resources they have to offer" (1971, p. 45).

Although older volunteers work in many agencies and programs, they have often grown old on the job and are accepted in the role by the community and by themselves. Few programs have been specifically aimed at providing opportunity for older adults to contribute their services to community improvement, according to a survey of existing volunteer opportunities for older persons conducted by the Community Service Society of New York (1965).

Rosenblatt (1964) pointed out that to open up either employment or volunteer opportunities for the majority of today's older adults is no small or easy task. Unemployment is becoming a chronic condition in the United States, as the labor force grows faster than the number of jobs. Volunteer service is most commonly engaged in by members of the middle and upper socioeconomic groups. There are few openings for utilizing unskilled and inexperienced volunteers.

Organizations that could use older volunteers might not all be able to design jobs that meet both the "production schedule" of the organization and the personal and developmental needs of an older group which differs from other volunteer groupings with respect to currently active occupational roles, location in the family life-cycle, and in some other respects.

It may be necessary to create new volunteer organizations, such as R.S.V.P. (Action, 1971), to assist the established ones in utilizing older volunteers, in helping to link older adults with volunteer positions, and in providing supports that enable older persons to gain satisfaction from their voluntary activities. Sainer & Zander (1971) noted that in the SERVE program, for example, the decision was made to focus more fully upon meeting the needs of the older adult volunteer than upon meeting the needs of the organization employing the volunteers.

THE OLDER POPULATION AS A SOURCE OF VOLUNTEER MANPOWER

Enormous Potential

30 Million* People

Actual Number of Volunteers-Unknown

Future Demand?

"At least half of the retired population might be classified as potentially trainable or may already have the skills to serve the community and themselves through part-time service positions, either paid or volunteer. In addition. . . there are also those whose skills in middle-age are made obsolescent by changes in technology. The manpower pool of middle-aged and older adults for volunteer and salaried service position is enormous" (Birren, 1971, p. 22).

"The number of present volunteers is unknown and no future projections are available. . . Consequently, estimates of future demand or need are probabilistic? (Birren, 1971, 20).

*Estimate:

Retirement age (65+) population (1/2 x 10% x 200 million = 10 million).

Pre-retirement age (45-65) population (1/2 x 20% x 200 million = 20 million).

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VOLUNTEER POSITIONS

LOCATION: Some volunteer positions are located in voluntary associations--churches, labor unions, foundations, business associations, charitable bodies--that have been identified as "the independent sector" which provides a "third force" to counterbalance government and private enterprise (Cornuile, 1965). Some volunteers serve in governmental organizations. "Volunteers increasingly serve as advocates for those victimized by poverty, racism, ignorance of the law and their rights, and the complexities of the legal and administrative systems of the social welfare bureaucracies. Volunteers. . . are creating new ways of delivering services. . . to demonstrate untraditional approaches to health and welfare problems" (Sieder, 1971, p. 1525).

Volunteer positions are generally located in some type of voluntary organization that exists for the purpose of making the community a better place in which to live in some specific way; that has a definite membership (or clientele); and the need for both financial support and volunteer service. (Stenzel & Feeney, 1968).

CLASSIFICATION:

Sieder (1971) has classified these types of voluntary organizations:

- membership
- self-help
- advocacy or cause-centered
- encounter and revolutionary reform
- social welfare
- federally encouraged local volunteer programs
- volunteer coordination
- volunteers in federal government
- international voluntary organizations

Schindler-Rainman and Lippitt (1971) have identified voluntary communities:

- recreation
- cultural
- educational
- economic
- political
- welfare
- religious
- health
- social control
- geographic
- mass media

TYPES OF ORGANIZATIONS IN WHICH VOLUNTEER POSITIONS ARE LOCATED

	Organization	Position (examples)
1. Liaison:	Coordinate & stimulate V activity	liaison to V organizations
examples:	Voluntary Action Center (VAC)	trainer of operational Vs
	Serve and Enrich Retirement by Volunteer Experience (SERVE)	consultant to organizations with V programs
		V recruiter
		communication/information officer
2. Cause-centered:	V activities/organizations	director of social action (M)
examples:	Self-help; Alcoholics Anonymous	director of service Vs (M)
	Advocacy; Planned Parenthood	director of education (M)
	Reform; Townsend Movement	service Vs (M)
		social action Vs (M)
3. Community services:	Activities for others	director of service Vs (M & non-M)
examples:	Social welfare;	trainer
	Health; hospitals, clinics	administrative Vs--board
	Education; schools	
	Other; courts	
4. Membership serving:		director of operational Vs (M)
examples:	V service primary; Red Cross	trainer of Vs, educator Vs (M)
	V service secondary; Church Women	operational V (M)
		administrative V--board (M)
		coordinator of services (M in non-M projects)
		service V (M in non-M projects)
		liaison V (M to " ")
		membership recruiter

M = member volunteer of organization providing volunteer position

V = volunteer

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LOCATION OF POSITIONS AND EXAMPLES OF TASKS

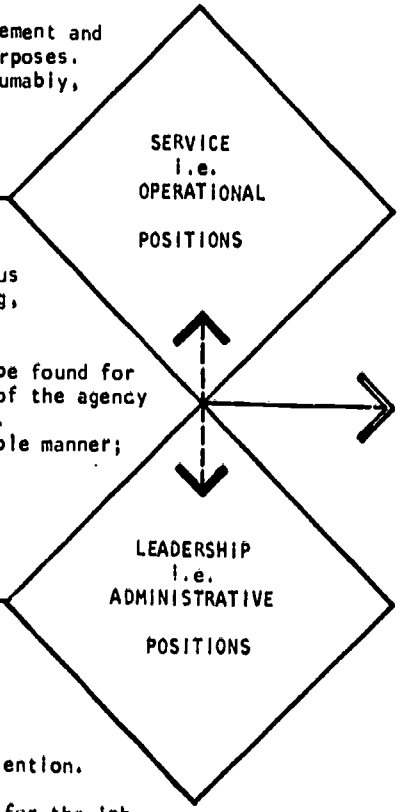
Potential Locations of Volunteer Positions	Examples of Tasks* that Older Volunteers could perform
Volunteer Sources Membership organizations e.g. churches NRTA/AARP service clubs	Solicit financial support Interpret organization's programs/problems Initiate policy
Volunteer Stations Placement organizations e.g. health agencies schools welfare agencies courts	Collaborate in community planning Report/evaluate community reaction to organization's program Serve others
Volunteer Markets Developing Services e.g. consumer organizations nutrition service	Innovate new service delivery systems Compile information about a problem/testify before legislature
Volunteer Linkage Systems Coordinating organizations e.g. SERVE/RSVP VAC	Recruit Vs--ask friends, ring doorbells, stuff envelopes, host information meeting, drive automobile to job-site.

*Each of the locations may engage older volunteers in the performance of the full range of tasks.

LINKAGE PROCESS:

Illustrated by tracing two volunteer careers.

(Connections made here between length of volunteer involvement and kind of position held were made only for illustrative purposes. New volunteers could take administrative positions, presumably, and seasoned volunteers operational positions.)



FIRST TIME OLDER VOLUNTEERS IN

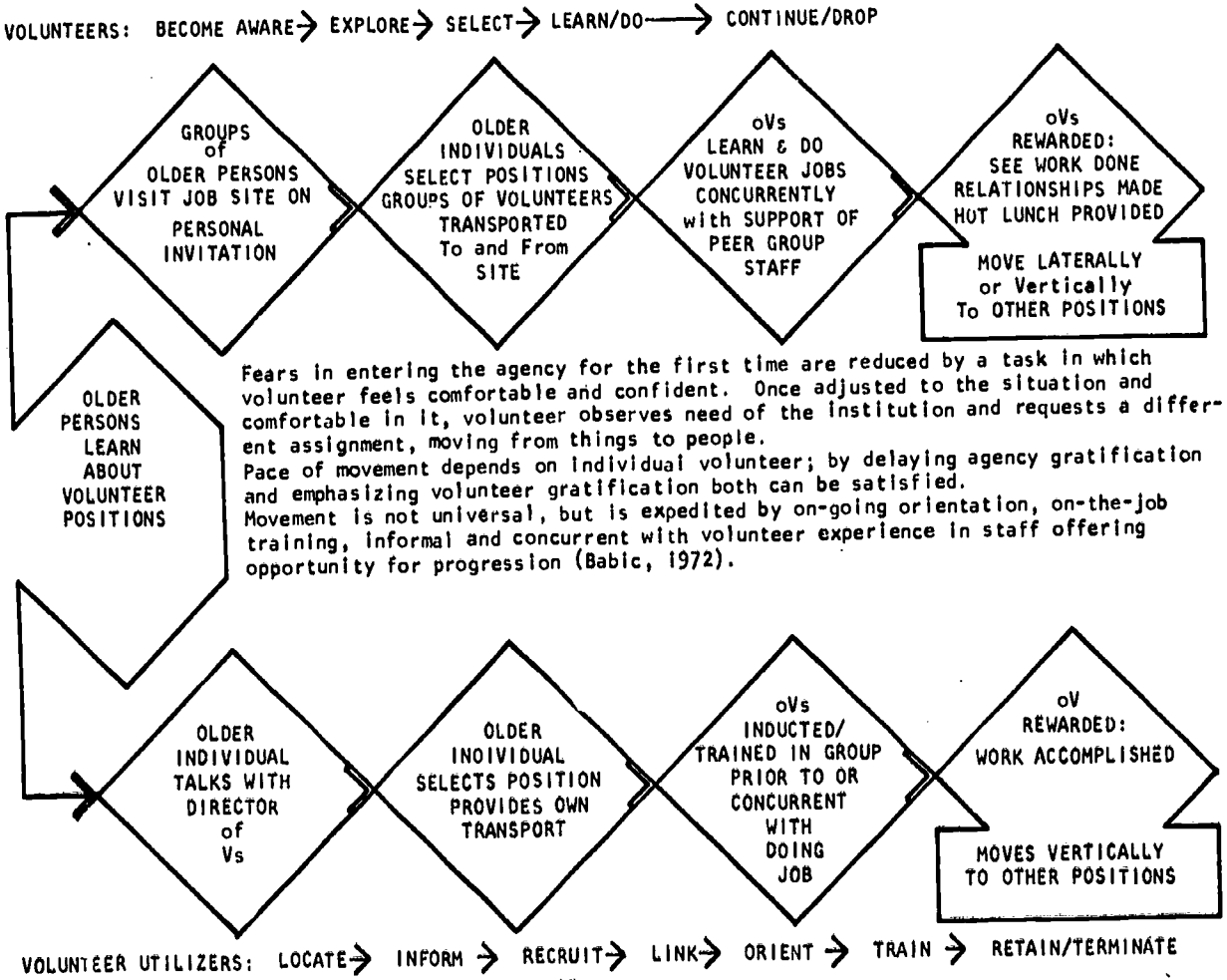
(modeled after SERVE experience: Sainer & Kalian, 1972)

OLDER PERSON, his interests and needs, is the primary focus
GROUP approach is used in recruitment, placement, training, retention.
PLACEMENT AGENCY'S interest is in using older volunteers. "Experience has demonstrated that something useful can be found for almost anyone to do, both to his satisfaction and that of the agency in which he is working" (Sainer & Zander, 1971, p. 203).
GROUP TRANSPORTATION is arranged in an economically feasible manner; cost is not borne by the volunteer.

SEASONED VOLUNTEERS (PROFESSIONALS) in

(modeled after "typical" adult volunteer experience:) (Naylor, 1967; Stenzel & Feeney, 1968)

ORGANIZATION--jobs to be done)
VOLUNTEER--adult of any age) dual focus
INDIVIDUAL approach is used in recruitment, placement, retention.
GROUP approach is often used in training
PLACEMENT AGENCY'S interest is in individual's competence for the job.
Age is not a factor per se, but may be adverse--due to stereotypes about old people.
INDIVIDUAL TRANSPORTS himself, and bears this and other out-of-pocket expenses.


VOLUNTEERS: BECOME AWARE → EXPLORE → SELECT → LEARN/DO → CONTINUE/DROP
GROUPS of OLDER PERSONS VISIT JOB SITE ON PERSONAL INVITATION
OLDER INDIVIDUALS SELECT POSITIONS GROUPS OF VOLUNTEERS TRANSPORTED To and From SITE
oVs LEARN & DO VOLUNTEER JOBS CONCURRENTLY with SUPPORT OF PEER GROUP STAFF
oVs REWARDED: SEE WORK DONE RELATIONSHIPS MADE HOT LUNCH PROVIDED
MOVE LATERALLY or Vertically To OTHER POSITIONS
OLDER PERSONS LEARN ABOUT VOLUNTEER POSITIONS
Fears in entering the agency for the first time are reduced by a task in which volunteer feels comfortable and confident. Once adjusted to the situation and comfortable in it, volunteer observes need of the institution and requests a different assignment, moving from things to people.
Pace of movement depends on individual volunteer; by delaying agency gratification and emphasizing volunteer gratification both can be satisfied.
Movement is not universal, but is expedited by on-going orientation, on-the-job training, informal and concurrent with volunteer experience in staff offering opportunity for progression (Babic, 1972).
OLDER INDIVIDUAL TALKS WITH DIRECTOR of Vs
OLDER INOIVIDUAL SELECTS POSITION PROVIDES OWN TRANSPORT
oVs INDUCTED/ TRAINED IN GROUP PRIOR TO OR CONCURRENT WITH DOING JOB
oV REWARDED: WORK ACCOMPLISHED
MOVES VERTICALLY TO OTHER POSITIONS
VOLUNTEER UTILIZERS: LOCATE → INFORM → RECRUIT → LINK → ORIENT → TRAIN → RETAIN/TERMINATE

THE OLOER VOLUNTEER UTILIZATION TEAM: BROAO PROCESSES, METHOOS, TECHNIQUES EMPLOYEO RE:

People - Older Volunteers
- locate concentrations of older people
- inform them of volunteer needs; volunteer positions
- arrange for responders to visit volunteer job site
- organize groups of older volunteers
- induct older volunteers into volunteer positions
- support older volunteers in volunteer positions
- retain/terminate older volunteers
- report experience of older volunteers/evaluate

Positions
- locate organizations that use volunteers
- analyze volunteer positions (suitability for older volunteers)
- negotiate for use by older persons
- consult with older volunteers, position providers, etc., re job design; performance standards; career ladders/lattices
- design new positions
- report experience of volunteer position providers
- evaluate

Linkage
- locate sponsor for volunteer utilization team
- find financial support for older volunteer utilization team; for older volunteers
- administer budget for older volunteer utilization
- maintain liaison with older volunteer utilization team sponsors; job sites; sources of older volunteers
- coordinate team efforts
- evaluate team efforts/report
- locate public relations resources
- arrange for education of the public re older volunteers as manpower resource--value to community; to older adults
- arrange specific/personal community relations to reach older individuals re specific volunteer positions
- locate transportation resources
- negotiate transportation for older volunteers to and from volunteer jobs

MOTIVATION:* A FACTOR IN THE SELECTION OF TRAINING ALTERNATIVES/MODELS

THE VOLUNTEER

opportunity to participate in problem solving and significant decision making.

placement should include some process for relating the type of work and situation to volunteer particular interests, needs, and motivations.

provide for self-actualizing personal development and meaningful service to the needs of others.

the contract between volunteer and the organization should legitimize a feasible level of commitment and allow for personal variations in time, energy, and interest without guilt or tension about divided loyalties and limited energy.

on-the-job experience for reflective study and evaluation of his activity and for joint planning and designing of service goals and action.

work situation that allows for individual advancement leading to higher levels of responsibility, skill, learning, and influence.

regular mechanisms for supportive feedback from clients, co-workers, and professional leadership, and for recognition from agency and community.

participation in meaningful training activities inside and outside the organization.

PROFESSIONAL USERS OF VOLUNTEERS

policy makers and administrators establish a climate that shows that they value the use of volunteers and encourage devotion of professional time to recruiting, training, coordinating, and consulting with volunteers.

professional development opportunities provided to help promote competence and confidence in the concepts and skills of recruiting, training, and coordinating volunteers.

professionals discuss with peers the importance and techniques of work with volunteers and to develop joint goals, plans, and commitments in this area.

mechanisms for regular feedback to provide "appreciation data" from volunteers and from the agency.

designs to get evaluation feedback from clients and client groups about the success of volunteer work will help professionals validate their decisions about the use of volunteers, improve training, and make consultative supervision more effective.

regular procedures for joint study, training, planning, and evaluation by teams comprising professionals, paraprofessionals, and volunteers.

Professional personnel and the older person must be convinced that older persons have significant contributions to make. Otherwise older volunteers are seen as intrusion into a functioning agency because they are lay persons, old, and volunteers. (Rosenblatt, 1966)

*(Schindler-Rainman & Lippitt, 1971, 62-64)

BASES FOR SELECTION OF TRAINING ALTERNATIVES/MODELS

A Development Plan of Volunteer Leadership (Naylor, 1967, p. 174)

an inventory of jobs
an inventory of volunteers
a recruitment plan
selection and placement process
induction and supervision
a comprehensive and unified training program
provision for mobility

Core Content of Training Program (Stenzel and Feeney, 1968, pp. 56-58)

current emphases of the organization or purposes of project
organization's purpose, philosophy, values
volunteer jobs and volunteers' part in the organization or project
volunteer's individual needs, interests

(Knowing : (Doing)
Information : Application

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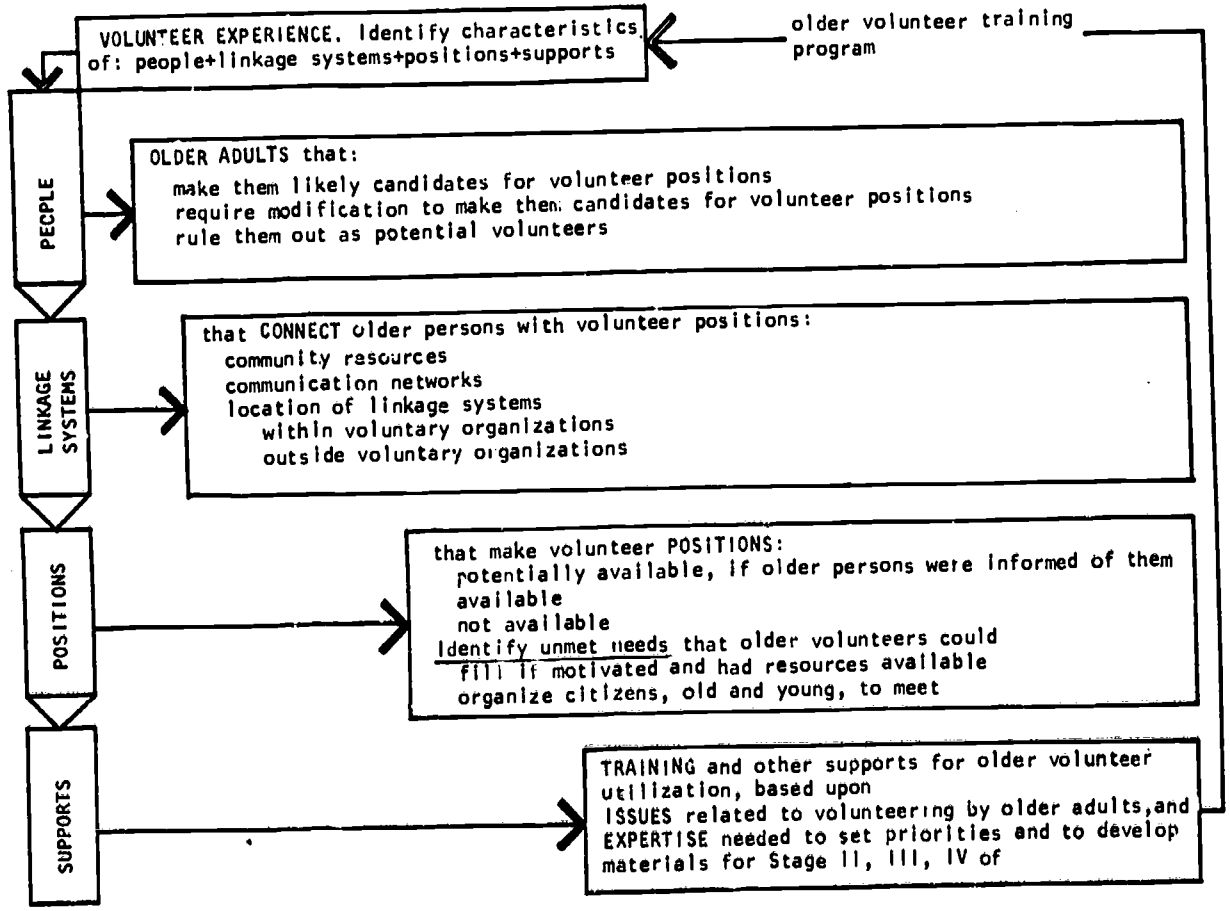
SUMMARY: Voluntarism and the Older Population



ISSUES

EFFECTS OF RETIREMENT UPON THE VOLUNTEER AND HIS ASSIGNMENTS

ISSUE 1: Should roles enacted by older volunteers be structured in a job/work frame?

Should some older people be stimulated to continue in or return to work-type positions?

LIFE-STYLE OPTIONS not possible earlier in adulthood become accessible after retirement.

Retirement can be viewed as completion of personal/societal expectations re participation in labor force, childrearing, spousehood, and/or as realization of the reestablishment of life following retirement from major life tasks of the early adult years. (Carp, 1966)

"I want to advance the hypothesis that those who are already past sixty-five in contemporary America represent a style of life and have needs and aspirations that are in sharp contrast to the style and needs and aspirations of those now beginning to enter the old-age category" (Cain, 1967, 84).

Societal pressures upon most older persons are to withdraw (retire) from the work force, and to explore other--not work-related--options.

PERSONAL WORTH is felt by the worker through his sense of social utility, in contrast to personal worth through being oneself (Bengtson & Kuypers, 1970).

Satisfactions are often similar in paid work and in free time activities. Both offer "opportunities for pleasure, to be creative, to be with friends, to have self-respect, to make time pass, to be of service to others, and to give prestige and popularity" (Havighurst, 1961, p. 317).

"JOB" SIGNIFICANCE of the volunteer task may differ for retired persons from that of the employed adult or student. Retirees may use volunteer jobs as a principal activity; whereas, the others would likely supplement work or school with voluntary work.

CHOICE within a range of voluntary tasks and time commitments are important for the volunteer engaged in a retirement process--e.g., on his 65th birthday after the office party he wants a work routine; two years later he travels; next he takes a part-time volunteer job with youth; next a regular volunteer task with age-peers; next an individual task to do when he feels like it; etc.

RETIREMENT = freedom or autonomy ≠ leisure ≠ work.

FUNCTIONAL NEEDS OF OLDER ADULTS AND VOLUNTEER POSITIONS

ISSUE 2: What meanings are conveyed through the voluntary position to the older adult in relation to his needs?

a. For older adults coping with reduction in power, expressed as reduced

income, what value is ascribed to an unpaid (voluntary) position in a society that values money?

position, what do working conditions--space, furnishings, recognition, etc.--indicate about the value placed on the volunteer's job?

influential affiliation, what opportunity for influence is offered the older volunteer through the type of position (administrative, or operational), its location in the structure of the organization, and in the relationship of paid staff to volunteer?

energy, what scheduling is required to suit the energy levels and other interests of older volunteers? what feasible time arrangements?

b. Expressive needs, formerly met through work-force participation, can now be met through other life-styles. Voluntary positions convey a work frame of reference--volunteer manpower, jobs, etc. Is this terminology desirable for assisting older adults in finding new life-styles?

c. Contributive needs at this life-stage can be met in a unique way through the intercycling of the oldest generations with oncoming ones. How can this be structured in voluntary communities?

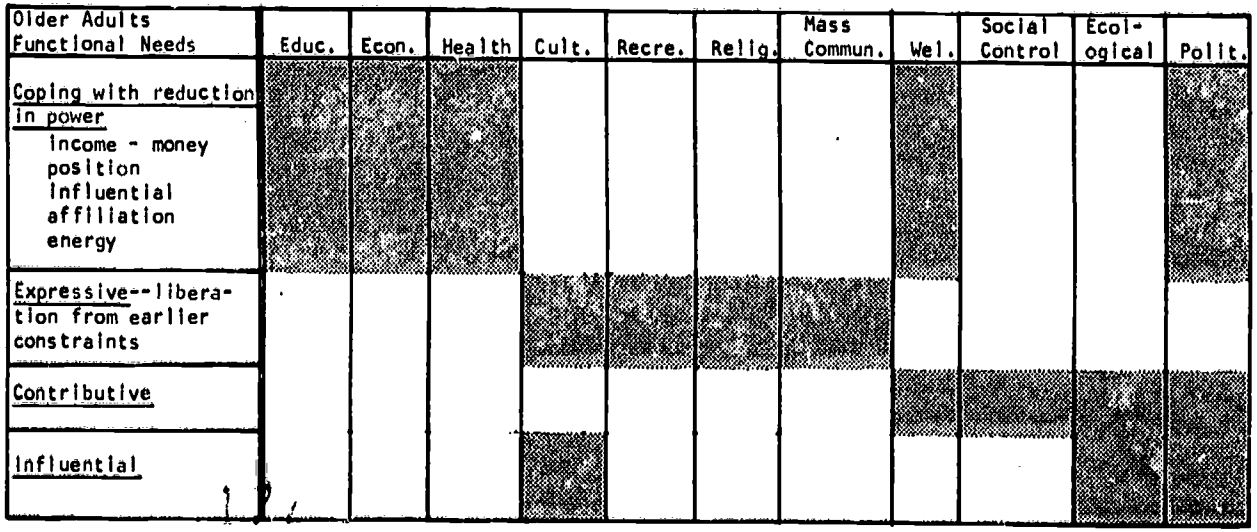
d. Influential needs of the older population can be met through common effort. Older cohorts are not powerless, although individuals may feel loss of earlier power. How can voluntary communities respond so that groups of older people can exert influence?

FUNCTIONAL NEEDS OF OLDER ADULTS AND VOLUNTARY COMMUNITIES

ISSUE 3: How can the older volunteer determine which voluntary community will likely satisfy which of his needs?

The figure below, shows a classification of voluntary communities according to the kinds of opportunity they may afford older volunteers in meeting different kinds of their needs. The shaded areas are broadly suggestive and represent a way to begin to study the responsiveness of voluntary communities to the requirements of older persons.

Functional Needs of Older Adults in Relation to Options in the Voluntary Community for Meeting Them



FACTORS AFFECTING THE RECRUITMENT OF OLDER ADULTS AS VOLUNTEERS

ISSUE 4: Should effort be made to recruit the receptive potential older volunteer? or the resistant one? or both?

CHANGING STATUS OF OLDER PEOPLE IN THE SOCIETY: "The findings amassed by social scientists provide detailed description of the position of older people in the society today, a position of relative deprivation in certain spheres (such as the economic or the educational) but not in others (such as the political or the religious), a position not invariably viewed as invidious by the older people themselves . . . Thus, while much existing research emphasizes the disadvantages of being old, there are, nevertheless, few answers to the central question: Will future generations of older persons necessarily suffer similar handicaps? (Riley & Foner, 1968, pp. 10-11)

Can the status of older persons be improved through age-integrated experiences, or only in age-segregated environments? (Bengtson and Kuypers, 1969; Rosow, 1968). The implication is whether older volunteers should serve other older adults primarily, or persons of different ages. Rosow makes a strong case for the peer group.

STIMULI FOR CHANGE in adults: love, social recognition and connectedness, aspiration towards self-realization, and crucial or turning-point events. (Perlman, 1968, 16).

BARRIERS BETWEEN THE OLDER VOLUNTEER AND HIS VOLUNTARY JOB

ISSUE 5: Should all older volunteers be reimbursed for out-of-pocket expenses? Should volunteers of other age groups receive similar payments?

OUT-OF-POCKET COSTS: loss of income after retirement may cause seasoned volunteers to be forced to dropout; and prevent newly interested retirees from volunteering.

Meals (if not provided)
Grooming; uniform (if not provided)
Transportation (if not provided)

Expenses often taken for granted by pre-retired volunteers, and by organizations using volunteers, become important considerations when trying to reach an economically disadvantaged population.

TRANSPORTATION: lack of transportation is often a major barrier between volunteer and job.

"The physical separateness of slum residents seems to parallel their lack of social integration into the community. Mobility patterns were predictable on the basis of ethnicity and social class, but the decisive factors seemed to be the hardware and software of the transportation system" (Carp, 1972, 57).

"The greatest problem (of retired people as automobile passengers) by far was inadequacy of opportunities for rides. Retired people need flexible transportation which picks them up at home, takes them to the destinations of their need and home again. This transportation should be offered by public or private agencies to supplement what family and friends are able to do at a price suitable to retirement incomes" (Carp, 1972, 66).

"Obstacles to retirement travel . . . insufficient money, poor health, lack of an automobile, and the inconvenience and physical stress of public transportation" (Carp, 1972, 77).

"In the past, transportation solutions have been accepted if they provide a maximum mobility to the average resident at minimum cost. The social consequences of such narrowly construed solutions are only now beginning to become apparent" (Ashford & Holloway, 1972, 47).

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LINKAGE COMPONENTS THAT CONNECT OLDER VOLUNTEERS WITH VOLUNTEER POSITIONS

ISSUE 6: Should the organizational focus of this training program be upon linkage systems?

LINKAGE SYSTEMS that connect volunteers with positions appear to be critical in effecting the utilization of older persons as volunteers, rather then either a shortage of potential older volunteers or of voluntary positions.

We can all use a little systems guidance. Volunteers in helping old people connect with services do not need commitment to the system, but to its services and to its population. New careers people have specific functions--translating, home visiting, transporting. Older volunteers offer role models--successful old people from whom others can learn how to operate. Young people need old people as models for the aging process--witness the Beatles song,"when I'm 64." (Benitez, 1970).

TYPES OF LINKAGE SYSTEMS differ in the emphasis placed upon the volunteer and upon the task.

Volunteer - Position (supra-system), focuses on the needs of the volunteer; finds volunteers, places them in service systems; and rewards them. The volunteer's loyalty is primarily to the linkage system. An example is SERVE (1971).

Volunteer - Position (coordinate system), focuses equally upon the needs of the volunteer and the organization in which he serves; finds volunteers and refers them to delivery service systems. The volunteer's loyalty is primarily to the service organization. An example is VAC--Voluntary Action Center.

Volunteer - Position (sub-system) of the organization; finds and places its own volunteers. The volunteer's loyalty is to the organization. An example is the YWCA.

ROLE OF LINKER: (In anysystem)
(1) recruit a specific pool of older volunteers for a set of volunteer jobs;
(2) recruit a specific set of volunteer jobs that older volunteers can and will fill;
(3) transport volunteers to job site and return home, or arrange connections;
(4) encourage volunteers to use their positions in important and needed ways.

FACTORS AFFECTING THE TRAINABILITY OF OLDER VOLUNTEERS

ISSUE 7: Should the educational focus of this training program be primarily on the older learner? on the task? or on both?

LEARNING ABILITY: tends to be stable through early and middle adult years, and to decline unevenly thereafter in some older individuals but not in others (Knox, 1969).

"Many old people continue to be productive, while others falter. . . . Medical, personal and social circumstances may be conducive or impedative to the persistence of productivity" (Butler, 1967).

"The data currently available do not provide an adequate basis for deciding whether or not the motivation-speed-indigence-ill-health syndrome can be accepted as a sufficient explanation of observed age differences in learning performance" (Jerome, 1959, 698). Motivation--difficult to measure experimentally; speed of performance--complex to measure, shows decrement with age; subjects are often institutionalized, indigent, ill persons.

ADAPTATION TO SOCIAL ROLES: adult life-cycle shift from occupational education toward general education; "There was a strong tendency for the panelists (healthy older men and women) to persist with the same overall level of activity and attitudes over time, but there was no evidence that patterns of behavior or attitudes became increasingly rigid or differentiated" (Palmore, 1970, 340).

"Old people's success in developing (post-retirement) activities is related to educational level, socioeconomic or cultural status, and to their earlier experience" (Anderson, 1959, 794).

LEARNING ENVIRONMENT: "Older people must also be spared from the disposition of the educational system to use the elderly as it does younger people placing the needs of the system ahead of the student" (McClusky, 1971).

RESISTANT FACTORS which make old people, of all categories of adults, the most difficult to reach, recruit, and involve include: (1) unrelenting struggle to provide for necessities leaves little margin for the luxury of pursuing educational objectives, (2) doubts about ability to learn--loss of "educational nerve," (3) old people are "hidden" outside usual channels of communication, lack transportation, etc. to attend educational events. (McClusky, 1971).

CONTEMPORARY ISSUES IN VOLUNTARISM

ISSUE 8: Are issues re older volunteers special cases of broader issues in voluntarism, or are they different?

"ACHIEVEMENT of the ideal type of volunteer community is blocked by a number of unresolved issues:

1. The hiatus between professional lip service to a philosophy of voluntarism and the practice of it, which often uses volunteers to maintain an existing system, but not to criticize or change it.
2. The unequal opportunity to volunteer, for both attitudinal and economic reasons, of the powerless, the poor, and the consumer of service, in contrast to the upper middle class.
3. An inadequately integrated service team of volunteer, paid aide, and professional staff.
4. The problem of defining volunteer roles so as not to exploit the labor market, especially with respect to the use of (a) paid volunteers drawn from the poor, the young, and the aged; and (b) the employee of industry who is given time with pay to volunteer.
5. The lack of adequate administrative support for a viable volunteer program including attention to preparation of personnel for volunteer administration.
6. An incomplete network of national, state, and local volunteer coordinating information and consultation services.
7. The lack of basic research into motivation, classification, administration, economic costs, and coordination of volunteer services.
8. The fear that governmental, technical, and financial aid to volunteer service will exert political control or otherwise curtail the freedom of volunteers.
9. The constraint of Internal Revenue regulations on voluntary agencies, which makes them subject to taxation when board members or volunteers engage in political action in the name of the agency.
10. Inadequate socialization and lack of early preparation of youth for voluntarism."

(Sieder, 1971, p 1526)

BILL OF RIGHTS FOR VOLUNTEERS:

1. "The right to be treated as a co-worker by the staff of the home.
2. to training for the job and a suitable assignment.
3. to know as much about the home and its residents as is necessary for successful service.
4. to sound guidance and continuing education on the job.
5. of a place to work.
6. for recognition and appreciation for work done." (Oregon, 1963)

OLDER PERSONS AND THE STRUCTURE OF THE ORGANIZATION IN WHICH THEIR VOLUNTEER POSITIONS ARE LOCATED

ISSUE 9: Are organizations having horizontal structure potentially more responsive to needs of older volunteers for the exercise of power than are those with vertical structure?

VERTICAL STRUCTURES (e.g., in economic organizations, military, and philanthropic associations with business-type structure) tend to centralize decision making in the hands of a permanent administrative group--Board, Executive Staff. The organizational climate of such a volunteer-job setting would not likely provide for inclusion of older volunteers in making policy and program decisions regarding the work of the organization.

Older volunteers, who may already be feeling some reduction of power, would likely have their feeling of powerlessness confirmed unless they have access to a mediating peer group through which individuals can exercise some influence and receive support.

Consequently, if older volunteers function in operational (service) roles in organizations having vertical structure, a group approach is appropriate in their recruitment, placement, training and support.

If older volunteers function in administrative roles in organizations having vertical structure lines of responsibility should be clearly delineated.

HORIZONTAL STRUCTURES (e.g., political parties, voluntary membership associations) in which responsibility ultimately rests with the membership, afford older volunteers who function in operational and/or administrative roles as members of these organizations potential opportunity to make policy and program decisions. The volunteers must be informed about decision making procedures, however, and be encouraged to participate in making decisions.

REWARDS within any structure should be for achievement of goals of the service, not for status of the position--whether paid or volunteer; administrative or operational.

TIME REQUIREMENTS OF THE OLDER VOLUNTEER AND OF THE ORGANIZATION

> ISSUE 10: How should the time of retired persons be structured for volunteer assignments?

TIME in an individual's day may be divided into: (a) activities-of-daily-living (time spent in doing things that sustain life in order to meet bio-psycho-social requirements of the personal system), (b) work (time committed to corporate systems that produce resources for activities-of-daily-living), and (c) leisure (uncommitted or optional time). Days may be organized into rhythmic patterns, of weekly or longer intervals.

SCHEDULING TIME for older adults to enact volunteer roles through organizational structures brings into focus one aspect of retirement. One advantage of retirement is that people have time options that permit them to consider and adopt new life-styles. Retired persons must restructure their time in the absence of occupational, and sometimes other roles.

Some retired persons may want to make full replacement, both in the amount and rhythmn of time previously spent in work. Others may prefer to continue the rhythmn, but alter (reduce) the "work" time in favor of activities-of-daily-living and leisure. Still others may want to continue the daily amount of "work" time, but alter the rhythmn, reducing the work-week or work-year in favor of the other two uses. Still others may prefer to alter both amount and rhythmn. Some few, even though they are able, may want to commit none of their time to the "general welfare."

OUTPUT requirements of the work organization presumably regulate the patterns of staffing time (both volunteer and paid). In order to get staff to fill the time-slots, however, the individual's pattern must also be accommodated. Organizations that use volunteers should sanction and encourage creative restructuring of time by retired persons by providing a variety of time-slots for volunteer assignments in order to accommodate older volunteers' experimentation with new life-styles. The organization may or may not need to adjust its staffing schedule to use older volunteers.

An organization's day (described as staff time expended) can be divided into (1) work (corporate activities to produce resources that eventually are transformed into activities-of-daily-living), (2) system maintenance (activities that sustain the organization), and (3) idle time--when the "output" of the organization is not occurring. The workday of many organizations, such as those that operate 5 days/week, and close for 2-3 weeks in summer, is less than half of the available 24 hours. Even for the time of a minimum maintenance staff, the remainder of the day is idle. The work week/work year may also be relatively short compared with the number of available hours. Other organizations such as hospitals, operate around the clock and around the year. They have almost no idle time, although the work and systems maintenance time may fluctuate daily or seasonally. Different scheduling problems may be encountered in using older volunteers in the one kind of organization or the other.

IV

TRAINING MODELS

for preparing teaching materials and methods

TRAINING MODEL A: for preparing teaching materials and methods in order to assist

Older volunteers in administrative/linkage positions in linkage systems.

- Identify one or more positions for which no suitable training methods/materials have yet been developed.
- Make functional job analyses (Fine and Wiley, 1971) to obtain a working base from which to develop training methods/materials.
- Develop training methods and materials geared to preparation of older volunteers for each position.
- Test by: contracting with existing organizations for their use, evaluation, and report of the materials developed (Anderson, 1969); and/or

  establishing a pilot older volunteer utilization unit, consisting of the selected positions plus service positions, trying the methods and materials, evaluating, and reporting them: and/or

  cooperating with existing organizations by establishing the selected pilot positions within their service delivery systems, evaluating, and reporting the training methods/materials plus the effect on older volunteer utilization in the host organization (Thune & Tine, 1966); and/or

  recruit retired professors and other qualified older adults to a formal educational setting; use the training methods and materials to prepare them for the selected positions; refer them to positions; evaluate the effect on older volunteer utilization in the setting to which they go (Solomon, 1967).

→ in order to develop training materials and methods for older volunteers in positions previously lacking such materials.

TRAINING MODEL B: for preparing teaching materials and methods in order to assist

Members of volunteer utilization teams by providing information that:

Managers (volunteer-coordinators; administrators of organizations.) can use to assess level of complexity of task; to compare performance required with other tasks

Supervisors (on-the-job supporters of volunteers) can use to:
give instructions
develop criteria for assessing, worker's (older volunteers) performance

Selection Officers (volunteer-finders) can use to infer worker qualifications:
needed to perform task

Trainers (older volunteer supporters) can use to determine training needed in
formal "classroom" and
informal on-the-job experiences

Define Tasks. (1. train older volunteers, 2. orient job-providers, 3. . . . n. evaluate)

Specify:
content of volunteer's task
level of volunteer's involvement with data, people, things
orientation of volunteer toward data, people, things
basis for comparing tasks/jobs--via level of involvement and orientation of volunteer to data, people, things
volunteer's instructions--whether prescribed or discretionary
performance standards for task--essential from both volunteer's and system's point of view.
general educational requirements--independent of school grade attainment.

Test by:
cooperating with existing older volunteer utilization units, and/or
establishing a pilot unit
in order to develop a "task bank" (Fine et al., 1971) which can be used
to design older volunteer-positions; ladders; lattices
to obtain a practical working base from which to develop training methods and materials.

TRAINING MODEL C: for preparing teaching materials and methods in order to assist

first-time older volunteers in operational positions, and seasoned older volunteers in administrative positions in linkage systems.

- Define administrative positions to be filled by older volunteers (retired professionals)

  Coordinator of older volunteer utilization team

  Community organizer/developer

  - older volunteer finder
  - volunteer position finder
  - linker

- Replicate SERVE (1971) procedures for placing older volunteers in operational positions: service volunteers, task volunteers

- Test, using SERVE evaluative methods, by establishing one or more pilot linkage systems under the auspices of an educational organization

→ in order: to develop training methods and materials for administrative/linkage older volunteers,

to validate methods (SERVE) used with first-time operational older volunteers;

to establish an ALL OLDER VOLUNTEER UTILIZATION TEAM UNIT DESIGN and procedures that can be replicated.

1971

TRAINING MODEL O: for preparing teaching materials and methods in order to assist

> First-time older volunteers in operational positions, and seasoned older volunteers and paid professionals in administrative/linkage positions in service delivery systems.

- Define administrative/linkage positions to be filled either by older volunteers or paid professionals in one or more organizations using volunteers.
- Adapt for volunteers, procedures for placing older people in paid service positions, using NRTA/AARP Senior Community Service Aides Project (Doulin, 1971), as guide.
- Test, using NRTA/AARP evaluative methods, by cooperating with existing organizations.
- in order: to develop training materials and methods for administrative/linkage personnel, paid or volunteer

  to test the adaptability of procedures developed for older persons in paid positions for older volunteers

  to establish within service delivery organizations older volunteer utilization teams

TRAINING MODEL E: for preparing teaching materials and methods in order to assist

Personnel responsible for volunteer programs in including older volunteers in established service delivery systems.

Analyze training methods
- produced by service organization for purposes of
  - orientation to that volunteer job setting
  - producing direct/regular services/goods
  - producing support services
  - maintenance of delivery system--policy/membership/community support
  - linkage/catalyst
- produced by educational systems for use in service delivery systems

Compare volunteers trained by these methods with older volunteers in their social situation

Compare, for example, Girl Scout leaders of girls' groups with leaders of groups of retired adults

As related to targets of the organization's efforts/ of volunteer effort

Adapt training materials for use of older volunteers so that they can work in similar volunteer positions

Test by: contracting with training officers in the service organization to try the adapted materials with older volunteers, evaluate, and report results
establishing a pilot training program in 1 or more established older volunteer sites, evaluate and report
establishing a pilot training program in 1 or more new older volunteer sites, evaluate and report
establishing a pilot training program in 1 or more established educational organizations, evaluate and report

In order to produce training materials geared to older volunteers for use by training officers and others responsible for volunteer programs in service delivery systems.

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OVERSIGHT HEARINGS ON OLDER AMERICANS

HEARINGS

BEFORE THE

SELECT SUBCOMMITTEE ON EDUCATION

OF THE

COMMITTEE ON EDUCATION AND LABOR

HOUSE OF REPRESENTATIVES

NINETY-THIRD CONGRESS

FIRST AND SECOND SESSIONS

ON

INVESTIGATION OF THE OLDER AMERICANS ACT OF 1965, TO PROVIDE GRANTS TO STATES FOR THE ESTABLISHMENT, MAINTENANCE, OPERATION, AND EXPANSION OF LOW-COST MEAL PROGRAMS, NUTRITION TRAINING AND EDUCATION PROGRAMS, OPPORTUNITY FOR SOCIAL CONTACTS, AND FOR OTHER PURPOSES

PART 2

HEARINGS HELD IN WASHINGTON, D.C.
DECEMBER 3, 1973, AND FEBRUARY 13, 1974

Printed for the use of the Committee on Education and Labor
CARL D. PERKINS, *Chairman*

U.S. GOVERNMENT PRINTING OFFICE
30-250 WASHINGTON : 1974

198/199

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OVERSIGHT HEARINGS ON OLDER AMERICANS

MONDAY, DECEMBER 3, 1973

HOUSE OF REPRESENTATIVES,
SELECT SUBCOMMITTEE ON EDUCATION,
OF THE COMMITTEE ON EDUCATION AND LABOR,
Washington, D.C.

The subcommittee met at 10 a.m., pursuant to notice, in room 2175, Rayburn House Office Building, Hon. John Brademas (chairman of the subcommittee), presiding.

Present: Representatives Brademas, Lehman, Quie, and Hansen.

Staff members present: Jack G. Duncan, counsel, and Charles W. Radcliffe, minority counsel.

Mr. BRADEMAS. The Select Subcommittee on Education will come to order for the purpose of conducting an oversight hearing on the operation of the Comprehensive Older Americans Services Amendments of 1973.

This hearing is held pursuant to a new requirement contained in the 1973 amendments. Under the provision, no authority may be delegated from the Commissioner on Aging, by the Secretary of Health, Education, and Welfare, to persons not directly responsible to the Commissioner until a formal plan for such delegation has been filed with the appropriate committees of both Houses of Congress and until after 60 days of continuous session have elapsed.

Furthermore, the Secretary is directed to consult with these committees within 30 days—that is, with the Committee on Education and Labor in the House and the Labor and Public Welfare Committee in the Senate.

We have received such notice of proposed delegation, dated October 31, 1973. May I say, Mr. Thomas, in this connection, and to you, also, Mr. Flemming—I don't mean it by way of sharp criticism—that I want to suggest very respectfully in the future that whenever you have any such notice that must be formally filed with committees of either the House or the Senate, you have it hand delivered. Quite frankly, this notice did not come into my office until several days after October 31.

You might say, "Well, blame the U.S. Postal Service." Clearly you will appreciate that as not being a satisfactory response. So I think that modest sermon is understood.

Mr. THOMAS. We shall respond accordingly, Mr. Chairman.

Mr. BRADEMAS. Thank you. I want to take note here that this provision was included because we in Congress, as well as many observers and spokesmen for the elderly, have been distressed to see the weakening in prior years of the Administration on Aging. Indeed, our own committee report concluded: "The committee has also found the responsibilities of the Commissioner have been progressively lessened to the point where the committee fears his effectiveness is in jeopardy."

We specifically mentioned our concern that many operational responsibilities for title III State programs had been delegated to the Social and Rehabilitation Service regional offices.

The Senate Special Committee on Aging said:

> The organizations have fragmented and have enfeebled agencies still further, creating chaos because of that reduction in Federal and State programs.

In 1973, we tried specifically to avoid some of these problems by placing the administrative agency within the Secretary's Office, requiring notice of any delegation. We, as you are aware, softened our language in these regards after assurances were made by the administration of the administration's intention to maintain the integrity and independence of the Administration on Aging.

So it is distressing, to speak from the viewpoint of the Chair, so soon to have what appears to be a return to the situation which clearly we in Congress intended to correct: namely, a splintering of the essential thrust of programs to serve the elderly.

So we are here today to gather facts about any justification for the proposed plan. Today will, no doubt, be the first of several days of hearings on this subject. It will require time to consider the proposals and gather further data and reaction from the field. The 60-day waiting period will not be up by the time we adjourn this session, as I am sure Secretary Thomas and Mr. Flemming are aware. So we will not be finished probably until March. There is therefore ample time for deliberation on this matter.

Our witnesses today include two distinguished spokesmen for older Americans: the former Commissioner on Aging, Dr. Bechill, and the present Commissioner, Dr. Flemming, both friends and champions of the elderly; and the distinguished executive director of the Maryland State Commission on Aging, Mr. Harry Walker. Mr. Flemming is accompanied by Mr. Stanley B. Thomas, Assistant Secretary for Human Development. We are pleased to have you with us, gentlemen.

Perhaps the best way to begin is, as we did last week with some other oversight hearings, to afford Mr. Flemming and Mr. Thomas an opportunity to hear any criticisms, suggestions, or recommendations that may be made by Mr. Bechill.

STATEMENT OF HON. WILLIAM D. BECHILL, ASSOCIATE PROFESSOR, SCHOOL OF SOCIAL WORK AND COMMUNITY PLANNING, UNIVERSITY OF MARYLAND, AND FORMER COMMISSIONER ON AGING

Mr. BECHILL. Thank you very much, Mr. Chairman. For the record, my name is William Bechill. From November 1965 until April 1969, I served as the Commissioner on Aging in the Department of Health, Education, and Welfare. Since May 1969, I have been a member of the faculty of the University of Maryland School of Social Work and Community Planning, serving as an associate professor and chairman of the social administration.

I have over 20 years of personal experience working in the field of social welfare in programs relating to older people: Rehabilitation, mental health, public welfare.

Mr. Chairman, I do not have a written statement. But with your permission, I would be glad to prepare and provide such a statement

later or, if you prefer, reply formally to any written questions that the members of the subcommittee or yourself may wish to direct to me at some later time.

I am here today to share with you some of the personal observations that I have regarding the recent plans submitted by the HEW Secretary, Caspar Weinberger, for delegation of certain functions, now the responsibility of the Commission on Aging, to other offices in the Department.

As I understand the import of the delegation plan, the Secretary proposes that the Commission will delegate to the various regional directors of HEW the authority to act in his behalf in regard to the titles III and VII programs of the Older Americans Act.

It would appear from what information I have that the delegation would involve final signoff authority on all State plans or amendments thereto submitted by the State agencies on aging and for decision-making regarding the basic day-to-day operating policies, interpretations of the rules and regulations under titles III and VII, coming to the attention of the regional office from the various States in the region.

For a variety of reasons, Mr. Chairman, such a delegation is a move that ought to be thoroughly examined by the Congress, especially in the light of the long congressional interest in having a strong Federal Agency on Aging.

First, it seems axiomatic that strong and effective national programs require the most dedicated kind of national leadership, national direction, and national surveillance if their goals are to be reached consistently throughout the Nation.

The question for you to ask is whether such leadership and direction and surveillance is best lodged with the U.S. Commissioner on Aging, Dr. Flemming, or with the various regional directors.

Second, it is my observation that the role of the regional director in HEW is that primarily of a general manager and an overseer of the very many HEW programs.

I am not casting any aspersion on that role or the people who occupy it. But by the very nature of the duties and responsibilities of the regional director, that person simply does not have the time to give much attention to any single program under his jurisdiction.

This shift involves giving the regional directors basic program authority over the operations of both the titles III and VII programs, two of the most important programs of the act.

Third, the action will tend to isolate the central office of the Administration on Aging. I think that agency will continue to have the oversight responsibility perhaps. But in my view, at least, there will be little power or little influence or little ability to effect change in the operations of the titles III or VII programs.

I am convinced that when one, regardless of intentions, surrenders the control over funding, then a good deal of the authority and influence of that position decreases.

Finally, there are many challenges involved in the mandate that the Congress has given to the Commission under the new titles III and VII programs. Both of these programs are very important. Both of these programs are very complex. In many respects, the title III program is a vastly different program than the one that was oper-

ated prior to 1973. That is also true of the title VII nutrition program, which is a special-purpose program which has a number of complexities associated with it.

If those two programs are to be successfully implemented throughout the country in some consistent way that at least in the developmental period of both the titles III and VII programs, the Commissioner on Aging should have clear authority and his regional staff should have the clear authority to stay on top of it and monitor and provide leadership and technical assistance to those programs.

I would conclude, Mr. Chairman, by merely pointing out that what I have expressed is a personal point of view. It comes out of my own experiences when I was a Commissioner on Aging and some of my thoughts about that experience. But it also comes as a person who realizes the tremendous responsibility and potential of the Older Americans Act and who feels very keenly that that responsibility and potential is best served by the Commissioner on Aging continuing to have clear responsibility for the operation and direction of all programs under the act, in which he has been given clear congressional authority. That particularly refers to the titles III and VII programs. Thank you.

Mr. BRADEMAS. Thank you very much, Mr. Bechill.

Let me say at the outset that we should be grateful if you would be willing to give us a formal statement in response to the proposed delegation in which you might comment on: First, the relationship between your office here in Washington, at the time when you were the Commissioner, and the regional staff: and second, those relationships after the agency was placed within SRS.

Mr. BECHILL. Really, there are two periods. During the first 22 months of the operation of the Administration on Aging, we had what I believe was a straight-line type of responsibility and communication pattern. The regional staff on aging were called regional representatives on aging. They were directly responsible to the Commission. They reported directly to the Commissioner.

This was extremely important during the formative years of the program. It is extremely important that there be this kind of communication any time there is major new responsibility.

In August of 1967, by executive order by the Secretary of HEW, who was then Mr. Gardner, the Social and Rehabilitation Service was created. The post created in the regional office was called regional commissioner for the Social and Rehabilitation Service. The regional aging staff thereafter reported directly to the regional commissioner and not to the central office.

I have never spoken about my personal feelings about the reorganization, for any great length. But I can tell you this, that there was probably no more agonizing period than the first 6 to 12 months following that reorganization.

The principal reason for this, Mr. Chairman, was the fact that we no longer were getting regular communication about what was happening in the various States in the field of aging. That communication went elsewhere. We got it secondhand and thirdhand. In my judgment, I can't think of a more ineffective or a more untenable situation in many respects than to have responsibility for a national program and

yet not have the data and the information and the analysis you need to make judgments about that program, to represent that program internally within the executive branch, and to testify on its behalf before the Congress.

Mr. BRADEMAS. Let me zero in a little bit more specifically on that comment, Mr. Bechill. Perhaps you can tell us very briefly of differences before and after the agency was placed within SRS with respect to such questions as these. Let us concentrate on the period before AoA became a part of SRS.

First, who made the decisions? Second, would the SRS–HEW staff interfere with the independence of the Administration on Aging staff? Third, prior to going into SRS, did that administrative arrangement interfere with the capacity of your original staff to work with the State and local officials on behalf of the elderly? How is that for starters?

Mr. BECHILL. Those are very extensive questions, sir. I cannot recall exactly all of the changes in delegation that took place with the SRS reorganization. One principal change in the title III program was the signoff authority on State plans and amendments was delegated to the Regional Commissioners. I am not exactly clear as to the exact date. But it was during the time I was there. We did retain the signoff authority on the titles IV and V programs for some time. Title IV was the research and development grants of the act. Title V was the training grants of the act.

Again, Mr. Chairman, after a period of time, those delegations also were changed.

Mr. BRADEMAS. To what?

Mr. BECHILL. I believe the location was changed to the Administrator of the Social Rehabilitation Service. But I would have to refresh my memory on that.

Mr. BRADEMAS. That is correct.

Mr. BECHILL. It occurred during the early period of Commissioner Martin's service, an effort to systematically take the authority, remove the authority, of the Commissioner over decisionmaking on the various grant programs.

I just don't think, Mr. Chairman and members of the subcommittee, that Washington has changed this much. Once you remove that kind of decisionmaking, the decisionmaking over funding, from this office, the authority and the power and the influence of the office will decrease.

I know that there may be very different views about this. But I feel very strongly that this will be the case.

Mr. BRADEMAS. Mr. Bechill, you testified before this subcommittee 2 years ago on the proposed amendments. You called for an independent operating agency within HEW. I recall we tried to put that into law. If you look at the first page of the report of this committee of March 2, 1973, on the comprehensive older Americans services amendments, you will see that the first purpose listed on page 1 of that report of the bill was to strengthen the role of the Administration on Aging as the focal point of Federal concern for older persons and upgrade its organizational status.

Do you think that the proposed delegation will move us further ahead toward meeting that intent of Congress in this law?

Mr. BECHILL. Mr. Chairman, I have to be very consistent. I definitely believe that this action, while it may appear to be a minor one, one having to do with what some might call structural gerrymandering, will not move the program in the direction that the Congress intended it to move in the 1973 legislation.

I want to lay out completely before you my personal philosophy on this. I am totally committed and will be totally committed from hereon in to a strong Federal agency on aging, that has and continues to have direct operating responsibility for the programs assigned to it by the Congress under the law.

The minute that there are inroads on the operating kinds of responsibility of the Administration on Aging, the older people in this country will not be very well served.

Mr. BRADEMAS. Your criticism, I must say, Mr. Bechill, is consistent because, again, a couple of years ago you chided members of this committee for allowing an agency without statutory powers to carry out responsibilities asigned to another unit of government. Do you think that decentralization will increase AoA powers to implement the mandates of the new legislation, or is that just rhetorical?

Mr. BECHILL. I am not going to argue against the general policy of decentralization. But this isn't decentralization. This is the giving up of authority, transferring authority, transferring decisionmaking.

One can decentralize through delegation or some other way without this kind of result. Of course, it may be that this is not what is intended.

Mr. BRADEMAS. Finally, Mr. Bechill, do you see any differences between the proposed delegation and the old way that AoA operated under SRS?

Mr. BECHILL. I believe that there are similarities, Mr. Chairman. The present arrangement that the Department has provided where they have elevated the status of the Administration on Aging should not be altered at this time. It was a major achievement and a major move.

I want to return, Mr. Chairman, to one of the points I made in testimony. The Administration on Aging, as Dr. Flemming will be speaking to you, I am sure, has enormous responsibilities now to see that these two programs under titles II and VII are successfully implemented in some sort of uniform and consistent manner. There is a tremendous interest in these programs being developed in the way that Congress intends.

I believe that this is an inappropriate time, in view of the heavy responsibilities that those two programs carry, for this kind of delegation to be made.

Mr. BRADEMAS. Thank you very much, Mr. Bechill.

Mr. Quie?

Mr. QUIE. Thank you, Mr. Chairman.

Mr. Bechill, I would like to pursue a little further a question which Chairman Brademas asked you about decentralization. I gather you are not opposed to decentralization per se but rather the way this plan is being proposed when it was under SRS. Is that correct?

Mr. BECHILL. Mr. Quie, I don't think anyone can be entirely opposed to the concept of decentralization in Government. I object to this particular plan because it proposes removing the day-to-day authority of the U.S. Commissioner on Aging over these two programs.

Now, if there is going to be a delegation or a decentralization of that authority, I would much rather see it lodged, if there has to be an option, with the program person, whatever that title might be, representing the aged in the regional office.

These programs need full-time attention. I am against a general diminishing of the authority of the U.S. Commissioner on Aging. This is what I really see in this delegation. I am not questioning the motives of the Department of Health, Education, and Welfare. They may have many. They may be all valid in their opinion. But in light of the unique history of this program, and the expectations that exist upon the Commissioner on Aging, I would still argue against this type of delegation.

Mr. QUIE. The titles III and VII programs are to be conducted out in the States. The States will develop a plan and they have to get approval for their plans and programs. Now, do you think that it would be preferable if all the 50 States dealt directly with the Commissioner on Aging and his staff? Of course, he can't physically do it all himself. All the paperwork was done here and the approval was done here, with trips out there to see whether the States are actually doing what they said they were doing. Would that be preferable to you?

Mr. BECHILL. Yes; it would. If you had the adequate and capable regional office staff, if they are well trained, if the policies are clear, then, hopefully, not much will come into Washington except what ought to come into Washington.

Mr. QUIE. No, no; what I was asking is, would it be preferable if the States dealt directly with Washington with no regional offices?

Mr. BECHILL. No, sir; I would not agree to that. I think that the concept of regional offices in a national program is a proven and sound one. I would not support the abolishment of regional offices.

Mr. QUIE. So then you support some individuals in the Commissioner on Aging's personnel to be located in the regional offices?

Mr. BECHILL. Yes.

Mr. QUIE. How much authority, then, do you think ought to be out in the regional offices for approving grants and making decisions? In my view, the regional offices have had a way of taking a lot longer for approval of proposals because they can't make the final decisions. So much of it has to come out to Washington anyway. If they could have come directly to Washington, they could have speeded it up. But there must be other aspects of the regional office that make them desirable.

Mr. BECHILL. Yes, sir.

Mr. QUIE. How much authority do you think they ought to have?

Mr. BECHILL. I do think the major decisionmaking on this ought to rest with Washington and particularly with the head of the agency. The reasor for that is the agency head is very accountable. He is the person that is going to go up and testify when there are appropriations, and substantive changes in the act.

I think that after the original plan approval, there are many kinds of decisions that can be and should be safely delegated to the regional office Aging staff.

I am very much afraid, Mr. Quie, of the communications problem, especially what might happen to these programs as a result of the

proposed delegation. I am sure that is not intended by HEW. But I believe that there would be a communications problem and it would be detrimental.

Mr. QUIE. I gather you feel that those individuals in the regional office who have responsibility for titles III and VII, then, ought to report directly to the Commissioner on Aging, rather than through the Regional Director. Is that correct?

Mr. BECHILL. I do.

Mr. QUIE. What kinds of responsibilities do you think the Regional Directors ought to have? I assume what we are talking about here is that there is a counterpart to the Office on Human Development out in the regional office. So it is really two individuals.

What kind of responsibility to the regional counterpart should the regional office have?

Mr. BECHILL. I think the staff ought to have the responsibilities, certainly, in coordination of the efforts on aging within a region. I think they should report also then to the Regional Director. I am not for isolating the Aging staff from the Regional Director. I think that there needs to be two-way communication and more than two-way communication between representatives of the Aging program or the regional office with all the other programs of HEW that possibly could be tapped to provide resources.

So I am not advocating that person being isolated from the Regional Director. But let us go back to the way it was and has been for many years in not just this program but a whole series of formula grant programs. Those reports have gone through a Regional Director and they have gone directly into the Federal agencies without much interruption in communication.

Mr. QUIE. This is a frustration that is very real. How can the Congress expect an Aging agency with specific kinds of operating responsibilities to represent those programs, to evaluate those programs, indeed, to administer them, without this kind of direct line reporting from their own staffs in the region?

Mr. BRADEMAS. Would the gentleman yield just on that point? I think these questions have been very helpful. I have just been sitting here drawing a chart. If the gentleman would allow me to do so, I might verbally say that I think in writing this 1973 act there was the intention that there would be a direct line from the office of the Secretary to the Commissioner of the Administration on Aging and then to regional AoA offices that might be established across the country.

But here what is being proposed, as I understand it, is something very different, namely a line that runs from the Secretary to the Assistant Secretary for Human Development to his regional Human Development offices out in the country and then subsumed under the regional Human Development offices would be the Aging operation without the direct line to the Commissioner on Aging in Washington, D.C.

Mr. FLEMMING. Mr. Chairman, that is not what is being proposed.

Mr. QUIE. What I would like to pursue, Mr. Bechill, in these questions is, if Commissioner Flemming is going to give all operations——

Mr. BRADEMAS. If I misstated the matter, if you will yield, permit me to straighten it out.

Mr. FLEMMING. Mr. Chairman, in the comments that I prepared for presentation, I think that I will clear up some of the questions that

you have raised and some of the apprehensions that my distinguished predecessor has identified here. I welcome the opportunity.

Mr. QUIE. I just have a couple of questions for Mr. Bechill before I finish. I think he has accepted and does recommend that he can assist the Commissioner on Aging if he does have help in the regional offices and they do deal directly with the Commissioner on Aging.

What I really wanted to find out, also if they had some responsibility to the Director of the regional office because he has to run his office.

But what you are saying seems to be that there are certain responsibilities that we have in running a regional office for the program operation under title III and VII and that ought to be reported directly to the Commissioner instead of getting answers to their questions through the Director of the regional office.

Mr. BRADEMAS. I agree with the gentleman, by the way.

Mr. QUIE. I have observed the regional offices in the past. I am awfully frustrated with them because they can't make decisions out there. They send all their tough decisions out to Washington and you have got the worst buck-passing on that. I have been so frustrated with that that I have said we ought to abolish every regional office. You can take a plane directly to Washington as easily as you can to Chicago. A call doesn't cost that much more. If you have got to go there, you might as well go there in the first place and get it over with. The people out there are disturbed about it. I am disturbed about it.

My question then comes: How in the world are you going to make these individuals more responsible? By the Commissioner giving them more authority out there and the Secretary doing that every way? Or, is it possible that a person who is higher in the hierarchy should have the responsibility?

It seems to me what Commissioner Flemming is talking about. I have a lot of questions about this myself. You see, I haven't been there in the field and operated a program and you have. That is why I want the answer from you because we are going to get Dr. Flemming's views later on.

Is it possible that we all agree that the regional offices ought to have more authority, that they can make the decisions out there and get the program and the money out there operating more smoothly and more quickly? This stuff is delayed so long. I sometimes think that the OMB is responsible for this so they don't have to spend the money so fast and therefore you can carry it over until next year. I have all kinds of suspicions like that. I like to see the program operating well.

Is it possible for the Commissioner to give responsibility to a person higher in the hierarchy and therefore get the job done but in the regional office?

Mr. BECHILL. Mr. Quie, I would like to ask for one clarification. Are you referring to a person higher in the hierarchy being the regional director?

Mr. QUIE. That is right.

Mr. BECHILL. I suppose anything is possible. Again, I want to go back to examining the role of the regional director. The kinds of questions that come into the regional offices where they have to check with Washington are, usually non-routine kinds of questions. That isn't the issue, as far as I am concerned. I am concerned about any

erosion of the authority and power of the Commissioner on Aging. How HEW can guarantee that there will not be an erosion of the Commissioner's authority through this kind of delegation?

Mr. QUIE. You raise a point that people are fearful of the erosion of responsibility. What are the other dangers? I think you ought to lay them out so that Dr. Flemming can come back later on so he can testify and rebut at the same time.

Mr. BECHILL. It is difficult to discuss the whole concept of decentralization because, while I said I am not against it, I have some reservations about how far you carry that principle in the operation of a national program.

In this case, there will be 10 people under this proposed delegation charged with making decisionmaking about the titles III and VII programs. Ten people whose major responsibility is not solely this program but who instead have a broad oversight responsibility for the operations of all HEW programs in their region. This arrangement could very well lead, depending upon the amount of attention, time, resources, and action given by the regional director, could lead to some inequities around the titles III and VII programs that are actually handled region by region and State by State.

Mr. QUIE. You are worried about giving too much responsibility to the regional office, which, you know, is kind of a fine point that we have to determine. They haven't been given enough and everything comes to Washington. If you give them too much, then you aren't going to get the Federal direction which you want.

You see, Congress wants to make sure this program on the aging gets to the aging. The only reason these people are in existence is to make sure the program works. Otherwise, we can get rid of them. But we have to have a bureaucracy in order to do it. Somebody has to do it.

Let me ask you one question about it. If you give some of the responsibility and authority of the Commissioner on Aging to the regional director, is there a possibility that he may not use all of that money that will be appropriated under this program for the older people but it might be siphoned off for some other purpose? One of the questions we had on SRS, it wasn't just that we didn't like the way it was administered, but also we felt that the older people weren't getting the emphasis and the money spent on them that they would have under a different administrative arrangement.

Mr. BECHILL. I think that could happen. I am conversant with what the planning internally in the Department of Health, Education, and Welfare is in the area of social services. I want to be very candid about what their strategy looks like to me. It appears to me that there is an effort being made to mute and eventually change our basic social service programs so that they no longer have any identity as aging programs or vocational rehabilitation programs or what have you but they are quote "integrated," "coordinated," or "comprehensive kinds" of programs.

Mr. QUIE. Those are all the questions I have now.

Mr. BRADEMAS. Mr. Lehman?

Mr. LEHMAN. Thank you, Mr. Brademas.

I just wanted to comment in addition to Mr. Quie's, that my experience with some of the regional offices has resulted in trying to go

through Atlanta on a number of occasions as a school board member in regard to some of the programs I have been associated with, childhood development and other activities.

I think it is true that the decisionmaking process in the regional office is a roadblock to people who are trying to get things accomplished at the various levels.

I would like to address my question perhaps to Dr. Flemming, because I have to go to another committee meeting shortly after this. I have recommended to the Counsel on Aging of the Conference on Aging several names. I wondered if you were aware of the status of that particular body at the present time. When will it be established so that I can ask these people who know that I recommended their names?

Mr. FLEMMING. Mr. Chairman, do you want me to respond to these questions?

Mr. LEHMAN. If the chairman doesn't mind, because I would like to get up to Mr. O'Hara's meeting before they resume.

Mr. FLEMMING. It is my understanding that the names are being considered at the White House at the present hime and that nominations will go to the Senate within the next few weeks.

Mr. LEHMAN. That is the best news I have heard. With regards to the clearinghouse, people come to me from different citizens' groups in my district. Will a clearinghouse also be established soon for information?

Mr. FLEMMING. We do have some definite plans for opening, helping both States and area agencies on aging to move in the direction of establishing information and referral service.

We are working now with the Social Security Administration with regard to a supplemental social security income program in such a manner as to facilitate, expedite, move in that direction.

You can appreciate that it all varies from State to State and from area to area, depending on how soon area agencies on aging come into being. But we regard this as of the highest priority as far as the administration of the Older Americans Act is concerned.

You may have noticed that our regulations that we issued under title III will set a deadline of June 30, 1975, by which time we hope that such information and referral services will be fully operative throughout the Nation.

Mr. LEHMAN. That will certainly be a help to our district offices. Just one comment in regard to this legislation that I run into continuously in my district: one is a lack of sufficient nutritional aid to senior citizens groups. In one area I visited recently it was impossible for the people. The nearest one is maybe 4 or 5 miles away in a high crime area. We need about three times as many of these kinds of facilities than we now have.

I know we do have the Brademas bill. In my district it is one of the real essential things.

The other thing is, the senior citizens centers in our area are inadequate that are provided for. Once again, they have to take two or three buses because the distance to the senior citizens centers are inadequate. So if there is anything, would you let me know by mail to know what this subcommittee or I as a member of this subcommittee can

do to help with the nutritional problem and the number and location of senior citizens centers? That is what I run into in my district over and over again.

Mr. FLEMMING. Mr. Congressman, I certainly appreciate your comments relative to the conditions that confront us in the field of nutrition. I would simply say that we are addressing ourselves to working with the States in the interest of implementing title VII programs with the $100 million that we now have, just as rapidly as it is possible to do.

Mr. LEHMAN. You have a lot of people out there who are not getting a proper meal every day. I am just hoping that we can do that as soon as possible. If there is anything that I can do as a member of this committee to expedite that, you just let me know and I will be sure to help you.

Mr. FLEMMING. Thank you, Mr. Congressman.

Mr. LEHMAN. Thank you, Mr. Chairman. I will try to make Mr. O'Hara's meeting now.

Mr. BRADEMAS. Mr. Hansen?

Mr. HANSEN. Thank you, Mr. Chairman. We appreciate your very helpful statement, Mr. Bechill, and your candid and, I am confident, very constructive observations and recommendations.

Let me voice one of my concerns and one of the apprehensions that I have concerning the recommendation before us and solicit your comments.

My concern is due, partly, to the timing. That is, this recommendation comes so soon after the passing of legislation. During consideration of the legislation there was a laudably successful attempt to resolve the differences between the Congress and the administration. We spent more time on this question of delegation than almost any other issue.

There was some very strong feeling that the administration in the total effort on aging should have a place in the Federal structure, visibility, the strength that would give it this sense of direction of which you speak to help create public awareness and thereby build support within the Congress and across the country for these essential programs.

So, soon after the passage of legislation, I have the fear that we are about to lose what I find were important gains, even though we made substantial concessions in the course of the writing of the legislation.

Would it not be better—this just reflects my own initial reaction—considering the importance and the value of certain kinds of decentralization, to take the important steps now to build that strength and to bolster the leadership and develop a strong sense of direction to identify the goals and then in a systematic way examine each of the kinds of functions that may be assigned for decision in a regional office where the effect of that assignment would not be to undermine and weaken the authority of the Commissioner on Aging but would be to strengthen and support and supplement his exercise and decisionmaking and policymaking authority?

Mr. BECHILL. I certainly would agree with your comments. This is what I had in mind. Mr. Hansen, in part, when I mentioned my reservations on timing and the responsibilities under the title III and title VII program.

You know, the irony of the situation in many respects is that after many years, Congress has specifically laid out a strong mandate for this program and has committed substantial resources for the program.

We have Dr. Flemming as Commissioner now. He has enormous support and respect by the people who are in this field.

Now, I just want to pick up again on titles III and VII. If the goals of these programs and the objectives of these programs can be carefully articulated and monitored by the Commissioner on Aging and his staff, I think we can turn around, literally, within the next 5 years, the position of older people in this country.

I maintain that in order to do this, that position needs to have all the power and authority and control that it can muster and particularly the power to determine where money goes and where money doesn't go.

I have been in Government for about 25 years. I have learned one thing, Mr. Hansen. Funding is a big determinant of policymaking in any governmental operation.

Mr. HANSEN. Thank you, Mr. Chairman.

Mr. BRADEMAS. Thank you very much, Mr. Bechill.

Now, Mr. Harry Walker, executive director of the Commission on Aging for Maryland, let us hear from you, as we have been discussing some of the problems that arise in the field.

Then we will look forward to hearing from Mr. Flemming.

STATEMENT OF HARRY WALKER, EXECUTIVE DIRECTOR, COMMISSION ON AGING, MARYLAND

Mr. WALKER. Thank you, Mr. Chairman, members of the committee. My name is Harry Walker of the Maryland Commission on Aging I have some brief remarks to make in regard to what I understand is the proposed delegation of authority and some of the functions of the Commissioner on Aging to other members of HEW, that are not responsible to him.

I think that in view of the dialog that has gone on before, perhaps there is some question or uncertainty as to exactly what this hierarchy is going to be, what this delegation is going to be. So I speak from the informatior that I have.

I just want to go back for a second to the original organizational structure, what the Administration on Aging was as created by the Congress and the structural relationship that existed between the Federal Government, the regional offices, and the State.

As a State executive in West Virginia when this first happened, we had a clear line to the Commission on Aging or the regional representative on aging, who in turn had a clear channel to the Office of the Administrator of the Commission on Aging in Washington, which seemed to me to be a very clear and understandable relationship. I believe that for a very new program, just starting out, the communication was good, the understanding was good. If there was a question that the States needed answered, that the region needed an answer to, they could call Washington. Things seemed to be quite clear.

Then in 1967 AoA was put into a new organization called social rehabilitation services. I think the way the voluntary agencies and senior citizens felt about this placement of AoA in SRS was generally that, No. 1, it downgrad d aging as a concern and it also identified

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aging more closely with rehabilitation and welfare. I think older people, without citing the different studies and reports that were made on this, I think the conclusions of the President's Task Force on Aging, which was issued in 1970, summarizes very well the concern of those who look closely at the position of aging in Government.

I would like to quote from that report.

The experience of the Administration on Aging during the last 4 years makes it abundantly clear that interdepartmental coordination cannot be carried out by a unit of Government which is subordinate to the units that he is attempting to coordinate. Nor is it the experience that such coordination can be accomplished effectively through a committee.

We recommend, therefore, that the President establish an Office on Aging within the Executive office.

I am skipping.

"These require a cabinet level office." I think more important in that recommendation was the intent that was implicit in that recommendation and that is that if this country is to make progress in elevating aging to the status of concern that it has not had and that those who heretonow feel it should have, then aging must remain as a visible and identifiable and accountable unit of Government.

When the President issued his message to Congress in 1972, those in the field, I believe, took heart that the comments that were being made throughout the country concerning the Administration on Aging and aging programs had been heard, that the response was positive.

I would like to quote from the President's statement:

The Secretary of Health, Education, and Welfare has taken steps to insure that the voice of older Americans speaks loud and clear within that Department. The Commissioner on Aging in his capacity as Chairman of the Advisory Committee will report directly to the Secretary.

Now, maybe there is something in there that we didn't read between the lines. But the understanding was that the Commissioner on Aging would be in the position where he would report directly to the Secretary. The other was inferred from that that the regional offices and those individuals in the regional offices who were responsible for the administration of the Older Americans Act would report to the Commissioner on Aging and his staff.

As it appears now, Mr. Chairman, you started to read the hierarchy as you understand it. I must say that this is the understanding that I have. If I am misinformed, I hope to hear about it today. But it is my understanding that at the present time the Commissioner on Aging reports to the head of the Office of Human Development, who in turn reports to the Undersecretary of HEW, who reports to the Secretary.

At the regional level, what was originally the regional representative on aging is now called a regional program director on aging. He in turn reports to the assistant regional director for the Office of Human Development, who in turn reports to a regional director of the Office of Human Development and his staff, who in turn reports to the regional director from HEW.

I must say it is very unclear, anymore, as to what the intended relationship between the Commissioner on Aging and his staff in Washington is going to be to the regional program director on aging and his staff.

The understanding we have is that the Commissioner on Aging will not have direct authority and control over the regional office on aging. I would like to state several objections that I find to this dilution of authority of the Commissioner on Aging in carrying out the mandate of the Older Americans Act through the regions and from the regions to the States.

One, clearly, is that I believe we are again faced with another downgrading of aging as a national commitment. In the past several years, culminating in a White House Conference on Aging, the voice of the people, not only the people but those who presumably have no self-interest but are objectively concerned with what we do about aging in this country, make it quite clear that aging should not be downgraded. As a matter of fact, it should be elevated. It should have visibility in Government. This—delegation of authority—may have a detrimental effect.

Second, it would appear that the decisions affecting the administration of the Older Americans Act and thereby programs for the aging will be subject to the judgment of people who are not and have not been educated to the particular problems of aging, that may, in fact, have backgrounds and disciplines that tend to view aging with a somewhat institutional bias.

As we know, aging is not particularly a welfare program or a rehab program. It is something that most people aspire to one day. But also I think that the potential diversion of the limited funds that have been made available for aging programs through the Older Americans Act—this exists in the form of positions which could be assigned to the regional office and the office in Washington in order to beef up the staffs to provide the initiative and the support that the States are going to need if they are going to have a truly growing program. I think the possibility exists that some of these positions and some of this money may be diverted into some of the bureaucracy that appears to be being set up.

I think that any deterioration in the status of aging at either the Federal or the State or the regional level will apply to what I see now as a movement among the States to elevate concerns for the older people to a higher level of government. As a matter of fact, in my own State we used the committee report in preparation for the Older Americans Act amendments as evidence that aging should not be submerged to the third or fourth level of an existing department and should have the kind of visibility and the authority and the autonomy that would enable it to properly carry out its programs and also to provide a medium for the effective coordination of other programs.

It is simply not possible if you are so far down the hierarchy that you have very little stature in government. I must say that there are arguments that could be raised and that have been raised about the potential dilution of authority of the Administrator on Aging. I may be saying something that is unfair. Nevertheless, I have thought about this. It does concern me. That is, that if the movement as I perceive it at the moment is to provide the regional office with almost full authority for the administration of the Older Americans Act, I am unclear about the relationship that the regional office is going to have with the central office on aging in Washington.

I can perceive that at some point in the future, perhaps, if this is permitted to happen, the U.S. Commissioner on Aging, who is a key person in providing the initiative and the leadership for the direction that aging is going to take in this country, could—and I say only "could"—become little more than an ambassador and not really an effective administrator if the structure forbids him from providing the kind of direct control over the regional offices on aging that I think was conceived originally in the Older Americans Act.

Finally, I think that any move that would take away the authority of the Commissioner on Aging and delegate that authority to other officers is contrary to the intent of Congress, the advice and the recommendations of the organizations that have made their voices and experience known and the advice that has been asked for by the Government.

That concludes my statement.

Mr. BRADEMAS. Thank you very much, Mr. Walker.

I must say that I think you have articulated very precisely a number of concerns of my own with respect to the proposed delegation.

Let me just ask you a couple of questions. My first one is derived from the last of the objections that you raised to the proposed delegation—namely that the delegation is contrary to the clearly expressed intent of Congress and the advice of a variety of persons and groups who are concerned with aging problems in the United States.

Were the State directors of aging agencies consulted on the proposed delegation?

Mr. WALKER. On the current proposed delegation?

Mr. BRADEMAS. That is correct.

Mr. WALKER. No, sir, not to my knowledge.

Mr. BRADEMAS. You were not, I take it?

Mr. WALKER. I was not.

Mr. BRADEMAS. Are you aware of any instance where a State director was consulted on this matter?

Mr. WALKER. If, Mr. Chairman, you mean, were these State executives individually or collectively told what the proposed actions were and what the implications would be, no.

Mr. BRADEMAS. I guess my real question is, were they invited to give their comments in the form of recommendations, suggestions, criticisms, to the proposed delegation?

Mr. WALKER. To my knowledge, no, sir.

Mr. BRADEMAS. I would think if they were really concerned about encouraging a greater sense of sharing responsibility for the administration of Federal programs, then the question is similar: do you know of any State plans that have been approved in any State since the passage of the Older Americans Act amendments on the 3d of May 1973? And if you are aware of any State plans subsequent then to the passage of the act having been approved, at what level were they approved?

Mr. WALKER. Are you speaking of the plans under the new Older Americans——

Mr. BRADEMAS. That is correct.

Mr. WALKER [continuing]. State plans are due in the regional offices about the 9th of December. Most States are still working on them. I understand that a dozen or so have already completed theirs. Most States are still working on them.

Mr. BRADEMAS. Thank you very much.

Mr. WALKER. I am sorry. This is for title III, you understand. Title VII plans have already been submitted.

Mr. BRADEMAS. Title VII plans have been submitted?

Mr. WALKER. Yes, nutrition.

Mr. BRADEMAS. So your response, if I read you right, so far as the title III comprehensive State programs are concerned, none of them has as yet been approved. But with respect to title VII nutrition plans, some State plans have been?

Mr. WALKER. I think most States have. Because of the way the funding was provided, we didn't get the money until July or August and the money has to be committed by the end of December so these plans had to be entered.

Mr. BRADEMAS. Who approves them? At what level of government?

Mr. WALKER. These were approved by the regional office.

Mr. BRADEMAS. The regional office of what?

Mr. WALKER. I am not sure whether this was the Office of Human Development or not. In my case it was approved by the regional program director on aging. If I seem to be uncertain what title, this position title has gone through a series of changes. But at the present time his title appears to be program director on aging of the Office of Human Development.

Mr. BRADEMAS. In the Office of Human Development?

Mr. WALKER. Yes.

Mr. BRADEMAS. Before leaving that matter, Mr. Thomas, would you answer that question?

Mr. THOMAS. Mr. Chairman, you mean the question about the approval of the aging State plans in the regional offices?

Mr. BRADEMAS. Yes.

Mr. THOMAS. As far as I know, those were approved by the regional program directors on aging.

Mr. BRADEMAS. And not by the regional Offices of Human Development?

Mr. THOMAS. Well, unless you look at it structurally, Mr. Chairman, the regional program director for aging is in the Office of Human Development in the regional office. But, as far as I know, the regional program director for aging approved the State plans.

Mr. BRADEMAS. When was that delegation of authority to the Regional Human Development Offices established?

Mr. THOMAS. There was no delegation of authority to the Regional Office of Human Development, Mr. Chairman.

Mr. BRADEMAS. I think this is a matter which ought to require some further elaboration because if the plans that we are here discussing were approved by any regional official—approved, that is to say, following the passage of this law and its enactment into law on the third of May 1973—this would seem to be in direct violation of the intent of Congress that there be no delegation without notification of Congress.

Yet I have been told that a number of title VII programs have been approved at the regional level this past summer, subsequent to passage or enactment of the statute.

I would be grateful if you could, with respect to this matter, give the committee a memorandum telling precisely who approved any programs that were authorized in the act of May 3, 1973, and on what date, and at what level, any such plans were approved.

Mr. QUIE. Will the gentleman yield?

Mr. BRADEMAS. I will be glad to yield.

Mr. QUIE. The law specifies that no one who is not directly responsible to the Commissioner on Aging can do that.

Mr. BRADEMAS. The gentleman is correct.

Mr. QUIE. If an individual in the regional office who approved this State plan is directly responsible to the Commissioner on Aging, then it would not be contrary to the law.

Mr. FLEMMING. Mr. Chairman, if I may?

Mr. BRADEMAS. Yes, Mr. Flemming?

Mr. FLEMMING. If I may intervene at this point, on August 22 of this year I addressed a letter to the regional program directors of the Administration on Aging, which is entitled "Delegation of Authority Under Titles III and VII."

I said, one, "I hereby delegate to you"—that is, the regional program directors—"the following powers and authorities vested in me under the Older Americans Act of 1965 as amended." Then follows title III and title VII.

"Two, in exercising these powers or authorities, you are directly responsible to me.

"Three, these authorities shall be exercised only after consultation with the assistant regional director of human development and the approval of the regional director.

Mr. BRADEMAS. "And the approval of the regional director?"

Mr. FLEMMING. That is right. This means that if the regional program director and the regional director are not in agreement, it has got to come to me.

Mr. BRADEMAS. Let us just pause one minute, Mr. Flemming. This August 22 delegation is, I know, a different matter than the proposed delegation we are discussing here today, but I suggest that on the basis of the explanation you have just given, you may have been in violation of the law.

Mr. FLEMMING. Mr. Chairman, this memorandum was issued with the approval of the Office of General Counsel.

Mr. BRADEMAS. I am glad of that. But you surely are not going to tell the committee that the regional director for Human Development is directly responsible to you, the Commissioner on Aging, are you?

Mr. FLEMMING. The delegation was to the regional program director. This memorandum states that in exercising these powers and authorities, you are directly responsible to me.

Mr. BRADEMAS. Go on. Read again what you have just read.

Mr. FLEMMING. "These authorities shall be exercised only after consulation——

Mr. BRADEMAS. Go on.

Mr. FLEMMING. "With the assistant regional director for Human Development and the approval of the regional director."

Mr. BRADEMAS. "And the approval of the regional director."

Mr. FLEMMING. Which means this——

Mr. BRADEMAS. I know what it means.

Mr. FLEMMING. Wait a minute. If the regional program director could not obtain the approval of the regional director, he would have to come directly to me because he is the only one who has the authority to exercise this delegation.

Mr. QUIE. Will the gentleman yield?

Mr. BRADEMAS. Of course.

Mr. QUIE. If he did secure the approval of the regional director, then he would not have to come to you?

Mr. FLEMMING. If he had secured the approval, then, his judgment, acting under the delegation that I gave to him, would have been concurred in by the regional director, then he could go ahead.

Mr. QUIE. Then was that individual's judgment being substituted for yours in approval? The only thing you denied him the right to do was to disapprove. Then your supervisor comes in. However, if he approves, he did not have to come to you and see you and you, in effect, gave the regional director the authority to approve but not to disapprove. Is that correct?

Mr. FLEMMING. You can put it that way. Or, you also can say that I said to the regional program director, "You go ahead and exercise this delegation of authority to act." And, remember, he is reporting directly to me. "Unless you and the regional director cannot see eye to eye on this, then I would get into it."

Mr. QUIE. I have no objection the way the law is written for him consulting solely with the regional director. He can talk with his minister if he wants to. But the question here is whether the regional director, then, has the power to approve.

Mr. BRADEMAS. I just want to put on the record my total agreement with the statement of the gentleman from Minnesota.

Mr. FLEMMING. Mr. Chairman and Congressman Quie, it means as a practical matter that the only person who can approve these plans under title III and VII is the regional program director on aging. He is the only one that can approve it.

Mr. BRADEMAS. Where do you find that phrase "as a practical matter"? We are here talking about matters of law.

Mr. FLEMMING. This is correct.

Mr. BRADEMAS. This is what is of concern to me.

Now, when did you write that letter of delegation?

Mr. FLEMMING. This is August 22, 1973.

Mr. BRADEMAS. Can you give us the dates of any plans that may have been approved prior to that delegation?

Mr. FLEMMING. No; I can't. But I could check on that.

Mr. BRADEMAS. Because I believe I am correct in saying that some plans already had been approved prior to that delegation.

Mr. FLEMMING. That I will have to check. I would be very glad to provide that for the record, Mr. Chairman.

Mr. QUIE. Title VII was in operation before the passage of this act. If we could find out the time when the new act went into effect and this would apply to title VII. Title III originated with this act. Title VII was picked up and carried over.

Mr. FLEMMING. That is right. But, again, Mr. Chairman and Congressman Quie, I want to make very clear this is understood, that the delegation of authority to act from the Commissioner on Aging was to the regional program director. When I said, "You can act under certain conditions," this is one way of providing me with some control over what they do or do not do.

I said, "You can act if or after you have consulted with the assistant director for Human Development and if the regional director con-

curs. But if the regional director doesn't concur, then you can't act." That means that he would have to come back to me.

Mr. BRADEMAS. I see no place in the act of May 3, 1973, Mr. Flemming, where you are permitted to confer on the regional Human Development director the authority to approve plans without first having consulted with this and the other committee in the other body.

Mr. FLEMMING. Mr. Chairman, I didn't confer it on the regional Human Development director.

Mr. BRADEMAS. Is that not, to quote you back, as a practical matter, what you have done?

Mr. FLEMMING. No. The delegation of authority to act was to the regional program directors on aging. They are the only persons that had authority to sign off on these plans.

Mr. BRADEMAS. But you said "with the approval" twice. I asked you to read it back. You did. You said, "with the approval of the regional director." That is plain English. And, "as a practical matter" to use your language, it is not likely, it appears to me that the regional official in charge of programs for the elderly will argue with the regional director for HEW and appeal to you.

Mr. FLEMMING. What I am saying to the regional program director is, "You can't act on my behalf unless the regional program director goes along with you. If he won't go along with you, then you can't act." The regional program director can't act. No one can act but the Commissioner on Aging. Under those circumstances the regional director has no authority to act under this delegation. He couldn't approve a single plan.

Mr. BRADEMAS. I think you are perhaps in violation of the spirit and intent of the law.

Mr. FLEMMING. Mr. Chairman, when you put responsibility in such an office as the Office of the Commissioner on Aging, the Commissioner on Aging has the right to delegate authority to act to other persons on his staff.

Mr. BRADEMAS. Very clear. I agree with you.

Mr. FLEMMING. I delegated that authority to act to the regional program directors on Aging and specified that in exercizing these powers and authorities, they were directly responsible to me.

Mr. BRADEMAS. So far, so good.

Mr. FLEMMING. OK. But I said as a condition—I didn't give them an absolute right—I said, as a condition to your act' g, you must consult with the assistant regional director on Human Development.

Mr. BRADEMAS. Still, so far, so good.

Mr. FLEMMING. And the regional director must be willing to go along with you.

Mr. BRADEMAS. Not good.

Mr. FLEMMING. Now, wait a minute. If the regional director doesn't go along, does the regional program director have any authority to signoff on any of these plans? He does not.

Mr. BRADEMAS. Mr. Flemming, I am really distressed, in all honesty, that you should be giving this rather convoluted interpretation in response to what I think any literate person can read as the clear intent of Congress, which is the subject of my discussion.

Mr. FLEMMING. I go back to the fact, Mr. Chairman——

Mr. BRADEMAS. I am very distressed. I must say, I had not expected to be so distressed today.

Mr. FLEMMING. Mr. Chairman, I recognize the points you are making. But I would like to go back again. I think we have a responsibility here to engage in a dialog on this because of the statements which you have made.

Mr. BRADEMAS. I don't want to belabor this matter. I do want to get you on record on this point, however. What about the approval of the State plans that, I understand from Mr. Walker's testimony as a State director, are now due on the 9th of December? Is that correct? Are you telling me that you are going to allow the regional directors for human development to have any role, even a veto role, in respect to the approval of those plans without first having followed the requirement of the May 3, 1973, act in respect to consultation with the two committees of Congress?

Mr. QUIE. If I may say if the gentleman will yield?

Mr. BRADEMAS. Yes.

Mr. QUIE. He has not given anybody veto power. If he had gone that far, then I think we would really have something to be disturbed about. I just think if you had said that the Regional Director does not recommend against it or something of that nature, it seems to me with the word "approval" in there you have gone just a shade over.

Mr. HANSEN. Will the gentleman yield?

Mr. BRADEMAS. I yield.

Mr. HANSEN. Permit me, as one of the lawyers on the committee—and lawyers have a way of coming up with different interpretations of the same language—I would venture the view that you have complied with the law. Perhaps if we had a different objective in mind, we didn't spell it out as clearly as we might. But your explanation of the manner in which you delegated the authority and the conditions under which it was delegated strike me as being in compliance with the law we passed.

Mr. BRADEMAS. I appreciate the observation of the gentleman from Idaho. It seems to me that, again, to use Mr. Flemming's language, "as a practical matter," it appears what the administration has here done is to seek to evade what any rational person would understand is the clear intent of this committee on a matter over which we labored very long.

I must say, Mr. Flemming, I just wish there were an effort made to read the intent of Congress and comply with that intent rather than to elaborate strategems for evading it.

Mr. FLEMMING. Mr. Chairman?

Mr. BRADEMAS. Yes, of course.

Mr. FLEMMING. You addressed a question to me a little earlier relative to the plans under title III. If we could use this as an illustration to again follow through on this procedure, you accept the fact that as the Commissioner on Aging, I have the right to delegate authority to act to persons within the Administration on Aging within policies and guidelines that I may establish and subject to post-audit on my part.

I am sure you accept the fact that when we say "within policies and guidelines," that that means that I am not giving carte blanche authority to anyone. But I am saying that you can exercise authority in my name under certain conditions. In this particular instance I have delegated authority to act on the plans that are submitted under

title III to the regional program director as the only persons, other than the Commissioner, who can approve of it or disapprove those plans.

If I may say again, he is the only person other than the Commissioner who can approve or disapprove these plans. But I have said to him:

Before you can act in my behalf, I want you to get the views of the Assistant Regional Director on Human Development. I want you to get the views of the Regional Director and if that Regional Director doesn't concur with your proposed action, you can't act. But neither can the Regional Director.

So, who can act? Only the Commissioner on Aging.

So there are only two people that can approve these State plans under this delegation. One, the regional program director on aging who reports directly to me or the Commissioner on Aging. I submit that that is completely consistent with the law.

Now, if I had given that regional director the authority to override the regional program director, if I had, then that would have been a violation of law. But I did not give him that authority.

I smiply said to the regional program director, "If the regional director doesn't concur with you, you can't act." Obviously, that brings it back to me. I have got to make a decision as to whether I agree with the judgment of the regional director or the program director. But the regional director can't do a single thing under title III or title VII under this delegation.

I would submit and I urge you to consider the fact that that is consistent with the law.

Mr. BRADEMAS. Mr. Flemming, as an old friend of yours, I am going to send you a copy of a very famous essay which was written I suppose 20 or 25 years ago by George Orwell, entitled "Politics and the English Language." I think you will be impressed in light of your response to my questions, and in light of the language of the delegation of your authority.

"As a practical matter"—I am sorry to use that phrase—the official in charge of aging out in the field is inferior in his status in the hierarchy of HEW to the Regional Director for Human Development. So as a practical that is very important.

Mr. FLEMMING. We are not talking about the Human Development man. We are talking about the Regional Program Director man on Aging. He is the only person that can act. Do you really feel after this explanation that the Regional Director has been given authority to approve or to sign off plans under title III or title VII?

Mr. BRADEMAS. I do not believe he has been given the sole authority.

Mr. FLEMMING. He hasn't been given any authority, has he? I mean, to take action?

Mr. BRADEMAS. I want to give you a chance to talk about other matters. But I am very upset about the implications of your plans.

Mr. HANSEN. Can I raise one question to clear up one point which I think I understand? Dr. Flemming, is there in the letter of instructions that are involved in this delegation of authority or other operating procedures that are in force, a procedure whereby the decision then automatically comes back to you if the Regional Director has disapproved? It seems to me that is the only part that is missing here.

When there is disapproval by the Regional Director, it comes to

you. I would say that in fact then the authority does in fact rest in you or in the Regional Program Director for the approval or disapproval of these plans.

Mr. FLEMMING. Congressman Hansen, I would have to check to see whether that has actually been put in writing. I assumed that it was not necessary because of the fact that if the Regional Program Director on Aging was unable to get the concurrence of the Regional Director, then there would not be anybody in the region that could take any action at all because the Regional Program Director just wouldn't be able to comply with the delegation I gave to him.

That being the case, it would automatically come back to the Commissioner on Aging for action.

But I think your point is well taken. I think we ought not to just assume what I just said. We ought to make sure it is in writing. It may be. I am not sure on the specific instruction. But the point is that there is no one but that Regional Director that can act. If one of the conditions that I laid down is not fulfilled by him, then obviously the only person that can act is the Commissioner.

Mr. BRADEMAS. Can I ask if there has been any plan that has been approved or disapproved?

Mr. FLEMMING. You mean, by the Regional——

Mr. BRADEMAS. By either. I mean, could you tell us if there has been any disagreement in effect between an Aging official and a Human Development official out there in the regions?

Mr. FLEMMING. Mr. Chairman, again, it isn't the Human Development. It is the Regional Program Director on Aging.

Mr. BRADEMAS. That is not my question.

Mr. FLEMMING. I know.

Mr. BRADEMAS. I don't want you to answer your question. I want you to answer my question.

Mr. FLEMMING. I want to answer. If you will restate it, then.

Mr. BRADEMAS. You indicated in the letter that there was an opportunity for a role, a substantive role, not a consultative role, for someone other than an employee of the Commissioner on Aging——

Mr. FLEMMING. Right.

Mr. BRADEMAS [continuing]. In respect of passing on State plans. I am trying to put it as objectively as I can. What I want to know is if there have been instances of disagreement in respect to any State plan between a Regional Director and an administrative or Aging employee?

Mr. FLEMMING. I do not know of any.

Mr. BRADEMAS. Would you find out and tell us?

Mr. FLEMMING. I would be happy to. None has been moved up to my level.

Mr. BRADEMAS. Would you also give us a memorandum indicating the disapproval or approval and at what levels of all State plans under the act since May 3, 1973?

In addition to that memorandum, I would like to have copies of the actual documents.

Mr. FLEMMING. Both title III and title VII?

Mr. BRADEMAS. Yes, please.

Mr. FLEMMING. Right.

Mr. BRADEMAS. Also, whether any project grants have been approved since May 3, 1973, and, if so, I would like to know who signed those grant awards and approved them——

Mr. FLEMMING. Right.

Mr. BRADEMAS [continuing]. Or disapproved them. Do you have that information?

Mr. FLEMMING. I will be very happy to supply that. I don't have it with me. But I will be very happy to supply it to the committee.

[Information referred to follows:]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
OFFICE OF THE SECRETARY;
Washington, D.C., February 4, 1974.

HON. JOHN BRADEMAS,
Chairman, Select Subcommittee on Education, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: At the hearing before your Subcommittee on the proposed delegation of authorities to act to Regional Directors of Health, Education, and Welfare under Title III and Title VII you requested:

(1) copies of all State plans approved by Regional Office officials since May 3, 1973;

(2) the names of Regional Office officials who signed such plans, and the dates on which the plans were signed; and

(3) the names of Regional Office officials who signed Notice of Grant Awards for Area-Wide Model Projects, and the dates such awards were signed.

I have attached the copies of all State plans approved in Regional Offices between May 3, 1973 and January 10, 1974, and a matrix indicating the person who signed each plan and the date on which the plan was signed. A similar matrix has been enclosed relative to the approval of Area-Wide Model Project awards.

As you will note, this information indicates that some State plans and Area-Wide Model Project awards have been signed in a manner contrary to the delegation of authority in effect on the date they were signed.

In summary—

All Title III State plans that we have received to date have been approved in accordance with the delegations of authority in force at the time they were signed. I will notify you of the status of others approved as we receive them.

Forty three Title VII State plans were approved in accordance with the delegations of authority in force at the time the plans were approved.

Eleven Title VII State plans were approved in a manner contrary to the delegation of authority in force at the time. These plans were for the States of California, Guam, Hawaii, Idaho, Colorado, Montana, North Dakota, South Dakota, Utah, Alaska, and Colorado.

State plans	Date approved	Person approving	Person who should have approved
Alaska	July 13, 1973	RD	RC/SRS.
California	Sept. 5, 1973	RD	RPD-Aging.
Guam	Aug. 29, 1973	RD	RPD-Aging.
Hawaii	Sept. 5, 1973	RD	RPD-Aging.
Idaho	Sept. 27, 1973	ARD	RPD-Aging.
Colorado	Aug. 3, 1973	AARD/OHD	RC/SRS.
Montana	do	AARD/OHD	RC/SRS.
North Dakota	do	AARD/OHD	RC/SRS.
South Dakota	do	AARD/OHD	RC/SRS.
Utah	Oct. 3, 1973	RD	RPD-Aging.
Oregon	Aug. 21, 1973	ARD/OHD	RC/SRS.

Note: RD means HEW Regional Director; ARD/OHD-the Assistant Regional Director for the Office of Human Development; RC/SRS-the Regional Commissioner for the Social and Rehabilitation Service; RPD-Aging-the Regional Program rector on Aging. An "A" prior to ARD or RC signifies "Acting."

Fifty seven Notifications of Grant Award actions on Area-Wide Model Projects have been made since May 3, 1973, most of which were in the form of revisions or supplemental actions related to earlier awards. Of these 57, 17 were approved in a manner contrary to the delegations of authority in effect at the time they were signed.

State in which award made	Date approved	Person approving	Person who should have approved
Arizona	May 4, 1973	RD	RC/SRS.
Do	June 29, 1973	RD	RC/SRS.
Virginia	Sept. 5, 1973	ARC/SRS	RPD-Aging.
Mississippi	November 1973	ARD/OHD	Do.
Do	(1)	ARD/OHD	RC/SRS.
Louisiana	July 22, 1973	AARD/OHD	RC/SRS.
Do	July 31, 1973	AARD/OHD	RC/SRS.
Texas	Aug. 13, 1973	AARD/OHD	RC/SRS.
Missouri	Oct. 18, 1973	ARD/OHD	RPD-Aging.
Do	Nov. 14, 1973	ARD/OHD	Do.
Nebraska	Nov. 13, 1973	ARD/OHD	Do.
Do	Nov. 20, 1973	ARD/OHD	Do.
Virgin Islands	Dec. 27, 1973	RD	Do.
New Jersey	Oct. 9, 1973	RD	Do.
Do	Dec. 27, 1973	RD	Do.
South Carolina	(1)	ARD/OHD	RC/SRS.
West Virginia	Aug. 23, 1973	ARC/SRS	RPD-Aging.

1 No date.

As indicated at the hearing it was my purpose to delegate authority to act to officials reporting directly to me until such time as the Congress had the opportunity of giving consideration to the proposal set forth in the Secretary's letter. It is clear that in some instances this purpose was not achieved.

I have decided to withdraw the delegation of authority to act. In the future final actions on all matters relating to State plans under Titles III and VII will be taken by me.

This arrangement will remain in effect until such time as the Congress has completed consideration of our proposal for the delegation of certain authorities under Titles III and VII to the Regional Directors of Health, Education, and Welfare.

Very sincerely and cordially yours,

ARTHUR S. FLEMMING,
Commissioner on Aging.

Attachments.

SUMMARY OF TITLE VII STATE PLAN APPROVALS

State	Date approved	Individual approving plan	Individual who should have approved plan
Alabama	June 21, 1973	Virginia Smyth/RC/SRS	RC/SRS.
Alaska	July 13, 1973	Bernard Kelly/RD/HEW	RC/SRS.
Arizona	June 14, 1973	Philip Schafer/RC/SRS	RC/SRS.
Arkansas	Dec. 26, 1973	Harold Geldon/RPD on aging	RPD/aging.
California	Sept. 5, 1973	Fernando DeBaca/RD/HEW	Do.
Colorado	Aug. 3, 1973	John Garcia/AARD/OHD	RC/SRS.
Connecticut	June 6, 1973	Neil P. Fallon/RC/SRS	RC/SRS.
Delaware	July 23, 1973	Francis L. Warren/RC/SRS	RC/SRS.
District of Columbia	Feb. 13, 1973	do	RC/SRS.
Florida	June 12, 1973	Virginia Smyth/RC/SRS	RC/SRS.
Georgia	June 22, 1973	do	RC/SRS.
Hawaii	Sept. 5, 1973	Fernando DeBaca/RD/HEW	RPD/aging.
Idaho	Sept. 27, 1973	William Hayden/ARD/OHD	Do.
Illinois	Apr. 19, 1973	Clyde Downing/ARC/SRS	RC/SRS.
Indiana	June 26, 1973	do	RC/SRS.
Iowa	Mar. 13, 1973	Robert Davis/RC/SRS	RC/SRS.
Kansas	Jan. 15, 1973	Alfred Poe/ARC/SRS	RC/SRS.
Kentucky	June 1, 1973	Virginia Smyth/RC/SRS	RC/SRS.
Louisiana	Sept. 11, 1973	Harold Geldon/RPD on aging	RPD/aging.
Maine	June 6, 1973	Neil P. Fallon/RC/SRS	RC/SRS.
Maryland	Feb. 23, 1973	William Crunk/RC/SRS	RC/SRS.
Massachusetts	June 20, 1973	Neil P. Fallon/RC/SRS	RC/SRS.
Michigan	Sept. 20, 1973	J. Phil Graham/ARPD on aging	RPD/aging.
Minnesota	Apr. 27, 1973	Clyde Downing/ARC/SRS	RC/SRS.
Mississippi	May 29, 1973	Virginia Smyth/RC/SRS	RC/SRS.
Missouri	Mar. 13, 1963	Robert Davis/RC/SRS	RC/SRS.
Montana	Aug. 3, 1973	John Garcia/AARD/OHD	RC/SRS.
Nebraska	Jan. 15, 1973	Alfred Poe/ARC/SRS	RC/SRS.
Nevada	June 13, 1973	Philip Schafer/RC/SRS	RC/SRS.
New Hampshire	June 6, 1973	Neil P. Fallon/RC/SRS	RC/SRS.
New Jersey	Mar. 1, 1973	Elmer Smith/RC/SRS	RC/SSR.
New Mexico	No date	Clarence Lambright/RC/SRS	RC/SRS.
New York	June 27, 1973	Elmer Smith/RC/SRS	RC/SRS.
North Carolina	June 26, 1973	Virginia Smyth/RC/SRS	RC/SRS.
North Dakota	Aug. 3, 1973	John Garcia/AARD/OHD	RC/SRS.
Ohio	Apr. 27, 1973	Clyde Downing/ARC/SRS	RC/SRS.
Oklahoma	Mar. 1, 1973	Clarence Lambright/RC/SRS	RCISRS.
Oregon	Aug. 21, 1973	William Hayden/ARD/OHD	RC/SRS.
Pennsylvania	Feb. 14, 1973	Francis L. Warren/RC/SRS	RC/SRS.
Rhode Island	June 6, 1973	Neil P. Fallon/RC/SRS	RC/SRS.
South Carolina	do	Virginia Smyth/RC/SRS	RC/SRS.
South Dakota	Aug. 3, 1973	John Garcia/AARD/OHD	RC/SRS.
Tennessee	May 31, 1973	Virginia Smyth/RC/SRS	RC/SRS.
Texas	Sept. 11, 1973	Harold Geldon/RPD on aging	RPD/aging.
Utah	Oct. 3, 1973	Rulon Garfield/RD/HEW	Do.
Vermont	June 6, 1973	Neil P. Fallon/RC/SRS	RC/SRS.
Virginia	May 23, 1973	William Crunk/ARC/SRS	RC/SRS.
Washington	June 28, 1973	Robert Hinrichs/ARC/SRS	RC/SRS.
West Virginia	Feb. 14, 1973	Francis L. Warren/RC/SRS	RC/SRS.
Wisconsin	June 12, 1973	Clyde Downing/ARC/SRS	RC/SRS.
Wyoming	Nov. 8, 1973	Clint Hess/RPD on aging	RPD/aging.
Guam	Aug. 29, 1973	Fernando DeBaca/RD/HEW	Do.
Puerto Rico	July 25, 1973	Elmer Smith/RC/SRS	RC/SRS.
Virgin Islands	Apr. 23, 1973	Elmer Smith/RC/SRS	RC/SRS.

SUMMARY OF TITLE III STATE PLAN APPROVALS[1]

State	Date approved	Individual approving plan	Individual who should have approved plan
Arkansas	Sept. 11, 1973	Harold S. Geldon/RPD on aging	Harold S. Geldon/RPD on aging.
Florida	Dec. 18, 1973	Frank Nicholson/RPD on aging	Frank Nicholson/RPD on aging.
Georgia	Dec. 27, 1973	do	Do.
Idaho	Dec. 20, 1973	Stephanie Stevens/ARPD on aging	Stephanie Stevens/ARPD on aging.
Minnesota	Dec. 26, 1973	Verna Due/RPD on aging	Verna Due/RPD on aging.
Mississippi	Dec. 21, 1973	Frank Nicholson/RPD on aging	Frank Nicholson/RPD on aging.
North Carolina	Dec. 27, 1973	do	Do.
Oregon	Dec. 20, 1973	Stephanie Stevens/ARPD on aging	Stephanie Stevens/ARPD on aging.
South Carolina	Dec. 6, 1973	Frank Nicholson/RPD on aging	Frank Nicholson/RPD on aging.
Tennessee	Dec. 10, 1973	do	Do.
Washington	Dec. 20, 1973	Stephanie Stevens/RPD on aging	Stephanie Stevens/ARPD on aging.

[1] Compilation of State plans received in central office to date.

SUMMARY OF AREAWIDE MODEL PROJECT AWARD ACTIONS

State	Date of award	Type of award	Individual approving	Individual who should have approved
Alabama	June 15, 1973	Revision	Virginia Smyth/RC/SRS	RC/SRS.
Do	do	do	do	RC/SRS.
Do	do	do	do	RC/SRS.
Arizona	May 4, 1973	Continuation	Fernando DeBaca/RD/HEW	RC/SRS.
Do	June 29, 1973	Supplement	do	RC/SRS.
Delaware	June 17, 1973	Revision	William Crunk/ARC/SRS	RC/SRS.
Georgia	May 29, 1973	Continuation	Virginia Smyth/RC/SRS	RC/SRS.
Do	June 21, 1973	Revision	do	RC/SRS.
Do	do	do	do	RC/SRS.
Do	do	Supplement	do	RC/SRS.
Hawaii	June 29, 1973	do	Philip Schafer/RC/SRS	RC/SRS.
Louisiana	June 28, 1973	Revision	Clarence Lambright/RC/SRS	RC/SRS.
Do	July 22, 1973	do	Scott Tuxhorn/AARD/OHD	RC/SRS.
Do	July 31, 1973	do	do	RC/SRS.
Maine	May 31, 1973	Continuation	Joseph Mirabelis/ARC/SRS	RC/SRS.
Do	June 29, 1973	Supplement	Neil P. Fallon/RC/SRS	RC/SRS.
Do	Oct. 24, 1973	Revision	James Hunt/RPD/Aging	RPD/aging.
Maryland	May 31, 1973	do	William Crunk/ARC/SRS	RC/SRS.
Do	July 25, 1973	do	do	RC/SRS.
Do	June 29, 1973	Continuation	do	RC/SRS.
Mississippi	May 25, 1973	Revision	Virginia Smyth/RC/SRS	RC/SRS.
Do	May 29, 1973	Continuation	do	RC/SRS.
Do	June 8, 1973	Supplement	do	RC/SRS.
Do	June 15, 1973	Revision	do	RC/SRS.
Do	Nov. 19, 1973	do	L. Bryant Tudor/ARD/OHD	RPD/aging.
Do	No date	do	do	RC/SRS.
Missouri	June 28, 1973	Supplement	Robert L. Davis/RC/SRS	RC/SRS.
Do	June 29, 1973	Revision	do	RC/SRS.
Do	do	do	do	RC/SRS.
Do	Aug. 22, 1973	Revision	do	RC/SRS.
Do	Oct. 18, 1973	do	Henry Mudge-Lisk/ARD/OHD	RPD/aging.
Do	Nov. 14, 1973	do	do	RPD/aging.
Nebraska	May 17, 1973	Continuation	Robert L. Davis/RC/SRS	RC/SRS.
Do	Nov. 13, 1973	Revision	Henry Mudge-Lisk/ARD/OHD	RPD/aging.
Do	Nov. 20, 1973	do	do	RPD/aging.
New Hampshire	June 29, 1973	Supplement	Neil P. Fallon/RC/SRS	RC/SRS.
New Jersey	June 1973	Revision	Elmer Smith/RC/SRS	RC/SRS.
Do	do	do	do	RC/SRS.
Do	Oct. 9, 1973	do	Bernice L. Bernstein/RD/HEW	RPD/aging.
Do	Dec. 27, 1973	do	do	Do.
New Mexico	June 11, 1973	do	Clarence Lambright/RC/SRS	RC/SRS.
New York	June 1973	do	Elmer Smith/RC/SRS	RC/SRS.
Do	June 29, 1973	do	do	RC/SRS.
Do	do	Continuation	do	RC/SRS.
Oregon	June 13, 1973	do	Robert R. Hinrichs/ARC/SRS	RC/SRS.
Do	June 29, 1973	Supplement	do	RC/SRS.
Ohio	June 19, 1973	do	Clyde Downing/ARC/SRS	RC/SRS.
Do	do	do	do	RC/SRS.
Pennsylvania	No date	do	Francis Warren/RC/SRS	RC/SRS.
Do	June 29, 1973	Revision	William Crunk/ARC/SRS	RC/SRS.
Puerto Rico	June 1973	do	Elmer Smith/RC/SRS	RC/SRS.
Do	June 29, 1973	do	do	RC/SRS.
Do	do	Continuation	do	RC/SRS.
Rhode Island	do	Supplement	Neil P. Fallon/RC/SRS	RC/SRS.
South Carolina	No date	Revision	L. Bryant Tudor/ARC/OHD	RC/SRS.
Do	May 31, 1973	Continuation	Virginia Smyth/RC/SRS	RC/SRS.
Tennessee	May 10, 1973	Revision	do	RC/SRS.
Do	June 29, 1973	do	do	RC/SRS.
Texas	June 20, 1973	do	Clarence Lambright/RC/SRS	RC/SRS.
Do	do	do	do	RC/SRS.
Do	June 30, 1973	Continuation	do	RC/SRS.
Do	Aug. 13, 1973	Revision	Scott Tuxhorn/AARD/OHD	RC/SRS.
Utah	June 27, 1973	Continuation	James Burress/RC/SRS	RC/SRS.
Virginia	June 17, 1973	Revision	William Crunk/ARC/SRS	RC/SRS.
Do	June 28, 1973	Supplement	do	RC/SRS.
Do	June 30, 1973	Revision	do	RC/SRS.
Do	July 1973	Continuation	do	RC/SRS.
Do	Sept. 5	Revision	do	RPD/aging.
Virgin Islands	No date	do	Elmer Smith/RC/SRS	RC/SRS.
Do	Dec. 27, 1973	do	Bernice L. Bernstein/RD/HEW	RPD/aging.
Washington	July 19, 1973	do	Robert L. Hinrich ARC/SRS	RC/SRS.
Do	June 29, 1973	Supplement	do	RC/SRS.
Do	do	do	do	RC/SRS.
Washington, D.C.	June 17, 1973	Revision	William Crunk/ARC/SRS	RC/SRS.
West Virginia	Aug. 23, 1973	do	do	RPD/aging.
Wisconsin	June 19, 1973	Supplement	Clyde Downing/ARC/SRS	RC/SRS.

Mr. BRADEMAS. Let me back off the questions and invite you, perhaps, when Mr. Walker is finished to explain what you have in mind. We will also have another day of hearings.

Mr. FLEMMING. Mr. Chairman, I would hope that before the end of this session I would have the opportunity of presenting the main points that I would like to make relative to this delegation.

Mr. QUIE. You do have a statement, Mr. Flemming. I want to be sure you do that, too.

Mr. Walker, are you the chief administrative officer for Aging in the State of Maryland?

Mr. WALKER. Yes, I am.

Mr. QUIE. Do you have any programs under your responsibility other than title III and title VII of the Older Americans Act?

Mr. WALKER. Yes, I do.

Mr. QUIE. What others?

Mr. WALKER. These are programs that are federally funded programs. One is the foster grandparent program by the ACTION agency. Another is the senior aid program of the Department of Labor, administered by the National Council of Senior Citizens.

Mr. QUIE. Therefore you have four programs?

Mr. WALKER. Yes, but there are no other State programs that our department administers.

Mr. QUIE. And no other Federal programs?

Mr. WALKER. We do have an areawide model project on aging. We are operating it.

Mr. QUIE. Is the regional office necessary? Or, would you find it possible to go directly to the Commissioner on Aging staff of HEW?

Mr. WALKER. I would say the regional offices are most useful. It provides States with a quicker access to assistance when they need it, advice when they need it than to have to go to Washington. For Maryland, of course, that isn't as much of a problem. It is farther to Philadelphia than it is to Washington. But I do think for most States it is advantageous to have a regional office.

Mr. QUIE. That is all, Mr. Chairman.

Mr. BRADEMAS. Mr. Hansen?

Mr. HANSEN. Thank you, Mr. Chairman. I do have just one more question for Mr. Walker.

To the extent that you have knowledge of the attitudes and fears and concerns of your counterparts in other States, would you say that your testimony here reflects essentially the views that are shared by those who have responsibility in other States and who administrate these programs?

Mr. WALKER. Yes, sir, I do.

Mr. HANSEN. Thank you, Mr. Chairman.

Mr. BRADEMAS. Thank you very much, Mr. Walker.

Now, Mr. Flemming, let us give you a chance to make a statement. One of the reasons, obviously, that we kept you here was not to do violence to the constitutional inhibition against cruel and unusual punishment, but rather because we wanted to be sure of an opportunity to hear from persons who are aware and knowledgeable of the history of the program.

You may proceed any way you wish. As I suggested earlier, you may wish to make comments on their statements or ours or summarize your own statement, as you wish.

STATEMENT OF HON. ARTHUR S. FLEMMING, COMMISSIONER ON AGING, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE; ACCOMPANIED BY STANLEY B. THOMAS, JR., ASSISTANT SECRETARY FOR HUMAN DEVELOPMENT

Mr. FLEMMING. I will try to do a little of both, Mr. Chairman. As I have indicated in the outline of my proposed testimony, the Secretary addressed this letter to the Congress as a result of recommendations I made after I was sworn in as Commissioner on Aging.

TESTIMONY BY ARTHUR S. FLEMMING, COMMISSIONER ON AGING, U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

I. INTRODUCTION

A. I appreciate having the opportunity of discussing with you the letter of October 31, 1973 from the Secretary of Health, Education, and Welfare addressed to the Speaker of the House of Representatives and the President Pro-tempore of the Senate relative to the proposed delegation by the Commissioner on Aging of certain authorities to act to the Regional Directors of the Department of Health, Education, and Welfare.

B. The Secretary addressed this letter to the Congress as a result of recommendations I made after I was sworn in as Commissioner on Aging.

1. It should be noted at the outset that the proposal calls for delegations of authorities to act in connection with two titles under which funds are allocated to States in accordance with formulae incorporated in law by the Congress.

2. Under these two titles the States have the authority, once a State plan has been approved, to authorize the expenditure of funds.

C. I recommended this course of action because of a conviction, growing out of my previous experiences in the Executive Branch of the Federal Government, that it would contribute to a sound and expeditious implementation of the two titles in the Older Americans Act incorporated in the proposal, namely, Titles III and VII.

D. It is the purpose of this statement to identify briefly my reasons for reaching this conclusion.

II. BODY

A. The Commissioner on Aging must accept full responsibility for the discharge of the functions assigned to him and to the Administration on Aging under the Older Americans Act, as amended.

1. The Commissioner on Aging cannot transfer this responsibility to any other Federal official.

2. The Commissioner on Aging can delegate, however, authority to act in connection with the discharge of these functions to other Federal officials provided that they are accountable to him for the actions they take; that the actions conform to the policies and guidelines established by the Commissioner; that the actions taken are subject to appeal to the Commissioner; and that the actions taken are subject to post audit by the Commissioner in order to determine whether or not they conform to his policies and guidelines.

3. If those to whom authority to act is delegated make mistakes or fail to conform to the Commissioner's policies and guidelines the Commissioner must accept responsibility for their actions.

B. The proposal contained in Secretary Weinberger's letter under which the Commissioner on Aging would delegate certain authorities to act to the Regional Directors of the Department of Health, Education, and Welfare is in conformity with the law and with principles of public administration which have proven to be workable.

1. The letter states that "The Commissioner on Aging will retain *responsibility for* and *authority over* the delegated programs".

2. Next the letter states that "The Commissioner will delegate to the Regional Directors *authority to act* in connection with the administration in the regions of programs under Title III (Grants for State and Community Programs on Aging), and Title VII (Nutrition Programs for the Elderly) of the Act".

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a. This should be read in the light of the previous statement; namely, that "The Commissioner on Aging will retain *responsibility* * * * for the delegated programs".

b. It should also be read in the light of the statement that "He (the Commissioner) will be able to revoke the delegation totally, or for any particular functions or actions" and that "He will have responsibility of considering appeals from actions taken by Regional Directors".

3. Finally, the letter specifies that "*policies, regulations* and *guidelines* will be issued by the Commissioner, and will govern the operation of the delegated programs by the Regional Director".

4. In brief, the proposal makes clear that the Commissioner on Aging will be responsible for all of the functions assigned to him and the Administration on Aging; that he will be delegating certain authorities to act to the Regional Directors of the Department of Health, Education, and Welfare; that the Regional Directors must exercise these delegations within policies, regulations and guidelines issued by the Commissioner; that actions taken by them can be appealed to the Commissioner; and that in the light of all these proposed provisions the Regional Directors will be functioning as representatives of the Commissioner on Aging in the field of aging and will be accountable to him for the manner in which they exercise their authorities in this area.

C. The location of the Administration on Aging within Human Development in the Office of the Secretary will contribute to the ability of the Commissioner to implement the proposal in Secretary Weinberger's letter in an effective manner.

1. The Regional Directors will be required to submit and to have approved work plans related to all of the goals in the field of Human Development that are being tracked by the Secretary.

a. Two of these goals are related to Titles III and VII of the Older Americans Act, as amended.

b. The work plans as they relate to Titles III and VII must have the approval of the Commissioner on Aging.

2. Each month the Regional Directors will be required to submit reports spelling out progress or lack of progress in connection with all of the goals set forth in their work plans.

a. These reports will be used as a basis for actions on the part of the Commissioner on Aging in the light of his delegations of authority to act to the Regional Directors.

b. These reports will also be used as a basis for presentations by the Assistant Secretary for Human Development and the Commissioner on Aging to the Secretary at his regular management conferences—presentations which will be made in such a manner as to point to progress or lack of progress in each region.

3. In brief, the management programs which the Secretary and Assistant Secretary have developed for the Secretary's Office of Human Development are such as to enable me to underline the fact that under the proposal in Secretary Weinberger's letter each Regional Director will be held accountable personally by the Commissioner on Aging for the actions he takes on State plans submitted under Titles III and VII, the manner in which operations under the State plans are monitored, assessed, and developed.

4. Each Regional Director will be able to re-delegate authority to participate in these programs to other persons on the regional staff such as persons occupying the positions of Assistant Regional Director for Human Development and the Regional Program Director for Aging together with the staff persons associated with these two officials.

a. The manner in which a Regional Director calls on others to assist him in the discharge of the authorities delegated to him will vary from region to region.

b. In all instances, however, the Regional Director and the Regional Director alone will be held accountable for progress or lack of progress in achieving the goals set forth in the approved work program for Titles III and VII.

D. A proposal which makes the Regional Directors of the Department of Health, Education, and Welfare personally accountable, under the conditions set forth above, for the implementation of major portions of Titles III and VII in their regions will contribute to the objective of bringing into being at the local level, as programs for older persons.

1. One of the major thrusts of the new Title III which has recently been enacted into law is to strengthen State Agencies on Aging and to bring into being or strengthen Area Agencies on Aging which, in turn, will have the capability of providing coordinated and comprehensive services for older persons.

a. A very important key to the success of this strategy is the development and effective implementation of strong State plans which will govern the manner in which funds allocated to the States are spent.

b. Another important key is the ability upon the part of the Federal Government to provide effective technical assistance to the States.

c. In addition, it is important for the Federal Government to be in a position where it can frequently monitor, assess and evaluate the operations of the State plans with special emphasis on the progress the States are making in bringing into being strong Area Agencies on Aging.

2. The Regional Director as HEW's top official in his region is in a strategic position to provide the leadership which will lead to Governors presenting and implementing strong State plans for both Titles III and VII.

3. The Regional Director is in a position to exercise effective leadership at the upper echelons of State Government whenever problems arise in connection with the administration of State plans.

4. The Regional Director is in a position to assure that the personnel resources of the Regional Office are used in the most effective manner to provide readily available technical assistance to the States within his region and to monitor, assess and evaluate at close range the manner in which State plans in his region are being operated.

5. The Regional Director can assume the leadership in bringing about a coordination of Federal resources in the field of aging.

a. He can do this within his office, for example, in connection with the requirement in the Title III regulations that operating programs must be developed within States and areas under which resources available under the Adult Service Titles of the Social Security Act and those available under Titles III and VII are used in such a manner as to contribute to the strengthening of existing services or inaugurating new services for older persons.

b. He can likewise participate more effectively than any other official in his office in efforts to coordinate the use of authorities and resources in other Federal departments and agencies that are available for providing services for older persons always with the understanding that this coordination must take place within the statutory boundaries set for each program.

6. A Regional Director who knows that he is to be held personally accountable for what happens in the field of aging in his region will become more directly involved in making sure that he is staffed with persons who are equipped to help him exercise his authorities than would be the case if he were not involved in this manner.

III. CONCLUSION

A. If this proposal is implemented I believe that it will be of real assistance to a Commissioner on Aging in the discharge of the responsibilities vested in him under the Older Americans Act of 1965, as amended.

B. I believe that it will help us to take significant steps in the direction of the fourth purpose set forth in the Older Americans Act, as amended; namely, "to insure that the planning and operation of such programs (for older persons) will be undertaken as a partnership of older citizens, community agencies, and State and local governments, with appropriate assistance from the Federal Government."

Mr. FLEMMING. I do think that after the discussion that has taken place here, it should be noted at the outset that the proposal calls for delegations of authorities to act in connection with two titles under which funds are allocated to States in accordance with formulae incorporated in law by the Congress.

Under these two titles the States have the authority, once a State plan has been approved, to authorize the expenditure of funds.

I recommended this course of action because of a conviction growing out of my previous experiences in the executive branch of the Federal Government, that it would contribute to a sound and expeditious implementation of the two titles in the Older Americans Act which we have been talking about.

As I see it, Mr. Chairman, and this bears a little bit on the discussion we had just a few moments ago, the Commissioner on Aging must accept full responsibility for the discharge of the functions assigned to him and to the Administration of Aging under the Older Americans Act, as amended.

The Commissioner on Aging cannot transfer this responsibility to any other Federal official and I mean any other.

The Commissioner on Aging can delegate, however, authority to act in connection with the discharge of these functions to other Federal officials provided—

That they are accountable to him for the actions they take;

That the actions taken conform to the policies and guidelines established by the Commissioner;

That the actions taken are subject to appeal to the Commissioner; and,

That the actions taken are subject to post-audit by the Commissioner in order to determine whether or not they conform to his policies and guidelines.

If those to whom authority to act is delegated make mistakes or fail to conform to the Commissioner's policies and guidelines the Commissioner must accept responsibility for their actions.

Now, it is my contention that the proposal contained in Secretary Weinberger's letter under which the Commissioner on Aging would delegate certain authorities to act to the regional directors of the Department of HEW is in conformity with the law and with principles of public administration which have proven to be workable.

The letter states that "The Commissioner on Aging will retain responsibility for and authority over the delegated programs." There is no divesting of responsibility assigned to the Commissioner.

Next the letter states, "The Commissioner will delegate to the regional directors authority to act"—not "responsibility" but "authority to act"—"in connection with the administration in the regions of programs under titles III and VII."

This should be read in the light of the previous statement; namely, that, "The Commissioner on Aging will retain responsibility for the delegated programs."

It should also be read in the light of the statement that "He"—the Commissioner—"will be able to revoke the delegation totally or for any particular functions or actions" and that "he will have the responsibility of considering appeals from actions taken by the regional directors."

Finally, the letter specifies that "policies, regulations, and guidelines will be issued by the Commissioner and will govern the operation of the delegated programs by the regional director."

In brief, this makes clear that the Commissioner on Aging will be responsible for all of the functions assigned to him and the Administration on Aging; that he will be delegating certain authorities to act to the regional directors of the Department of Health, Education, and Welfare; that the regional directors must exercise these delegations within policies, regulations, and guidelines issued by the Commissioner; that actions taken by them can be appealed to the Commissioner; and that in the light of all these proposed provisions the regional directors—and I would like to underline this—will be func-

tioning as representatives of the Commissioner on Aging in the field of aging and will be accountable to him for the manner in which they exercise their authorities in this area.

The location of the Administration on Aging within Human Development in the Office of the Secretary will contribute to the ability of the Commissioner to implement the proposal in Secretary Weinberger's letter in an effective manner.

First, the regional directors will be required to submit and to have approved work plans related to all of the goals in the field of Human Development that are being tracked by the Secretary.

Two of these are related to titles III and VII of the Older Americans Act, as amended.

The work plans as they relate to titles III and VII must have the approval of the Commissioner on Aging.

Each month the regional directors will be required to submit reports spelling out progress or lack of progress in connection with all of the goals set forth in their work plans.

These reports will be used as a basis for action on the part of the Commissioner on Aging in the light of his delegations of authority to act to the regional directors.

These reports will also be used as a basis for presentations by the Assistant Secretary for Human Development and the Commissioner on Aging to the Secretary at his regular management conferences, presentations which will be made in such a manner as to point to progress or lack of progress in each region.

In brief, the management programs which the Secretary and Assistant Secretary have developed for the Secretary's Office of Human Development are such as to enable me to underline the fact that under the proposal in Secretary Weinberger's letter each regional director will be held accountable personally by the Commissioner on Aging, the Assistant Secretary for Human Development and the Secretary through the Operational Planning System for the actions he takes on State plans submitted under titles III and VII, the manner in which technical assistance is provided the states in his region in connection with these two programs and the manner in which operations under the State plans are monitored, assessed, and developed.

Each regional director will be able to redelegate authority to participate in these programs to other persons on the regional staff such as the persons occupying the positions of Assistant Regional Director for Human Development and the Regional Program Director for Aging together with the staff persons associated with these two officials.

The manner in which a regional director calls on others to assist him in the discharge of the authorities delegated to him will vary from region to region.

In all instances, however, the regional director and the regional director alone will be held accountable for progress or lack of progress in achieving the goals set forth in the approved work program for titles III and VII.

A proposal which makes the regional directors of the Department of HEW personally accountable, under the conditions set forth above, for the implementation of major portions of titles III and VII in their

regions will contribute to the objective of bringing into being at the local level, as quickly as possible, coordinated and comprehensive service programs for older persons.

One of the major thrusts of the new title III which has recently been enacted into law is to strengthen State agencies on aging and to bring into being or strengthen area agencies on aging which, in turn, will have the capability of providing coordinated and comprehensive services for older persons.

A very important key to the success of this strategy is the development and effective implementation of strong State plans which will govern the manner in which funds allocated to the States are spent.

Another important key is the ability upon the part of the Government to provide effective technical assistance to the States.

It is important for the Federal Government to be in a position where it can frequently monitor, assess and evaluate the operations of the State plans with special emphasis on the progress the States are making in bringing into being strong area Agencies on Aging.

The regional director as HEW's top official in his region is in a strategic position to provide the leadership which will lead to Governors presenting and implementing strong State plans for both titles III and VII.

The regional director is in a position to exercise effective leadership at the upper echelons of State government whenever problems arise in connection with the administration of State plans.

The regional director is in a position to assure that the personnel resources of the regional office are used in the most effective manner to provide readily available technical assistance to the States within his region and to monitor, assess and evaluate at close range the manner in which State plans are being operated in his region.

The regional director can assume the leadership in bringing about a coordination of Federal resources in the field of aging.

I point out how he can do this within his office with particular emphasis on the adult service titles of the Social Security Act and he likewise can participate more effectively than any other official in his office in efforts to coordinate the use of authorities and resources in other Federal departments and agencies that are available for providing services for older persons, always with the understanding that this coordination must take place within the statutory boundaries set for each program.

A regional director who knows that he is to be held personally accountable for what happens in the field of aging in his region will become more directly involved in making sure that he is staffed with persons who are equipped to help him exercise his authorities than would be the case if he were not involved in this manner.

Mr. Chairman, I have been in government long enough to know that the basic issues that you and your colleagues have been looking at this morning are debatable issues in terms of how we can best get results in a particular area. I had 9 years as a member of the Civil Service Commission. When I went into the Commission or became a member of it, everything was operated out of Washington. We couldn't possibly have gone through the war period and the postwar period if we hadn't figured out some ways of involving in a meaningful and effective way persons who were close to the action.

When I was Secretary of Health, Education, and Welfare, I believed

in delegating authority to act to the regional directors because I believe that in so doing we were getting these operations closer to the people who were being served.

I feel a very real sense of urgency in terms of getting title VII underway, getting meals to older persons. I have a real sense of urgency in terms of getting area agencies on aging into being and I believe that by delegating authority to act in this manner we can speed up the process and that we can get in the long run better results.

I can assure you, Congressman Quie, that I will not permit a passing of the buck back and forth between the region and Washington. You or others should feel free to take the initiative and suggest that I should look at any action taken by the regional director.

Now, at this point, obviously, if this plan is submitted, as it has been, and Congress does not take any action, it would be illegal to implement it at this time.

I fully appreciate the validity of arguments that have been advanced on the other side as to this proposal. I was happy to listen to them.

I believe, however, that we will get service to today's older people a lot quicker under this kind of a concept than having everything centralized in Washington.

I appreciate, Mr. Chairman, in view of your time pressures, your giving me the opportunity to set forth my beliefs on this issue.

Mr. BRADEMAS. Thank you very much. I wonder, Dr. Flemming, if you would mind our recessing just long enough to answer our names during the quorum call?

Mr. FLEMMING. I will be very happy.

[A recess was taken.]

Mr. BRADEMAS. Dr. Flemming, thank you very much for your statement. We appreciate your willingness to remain on with Mr. Quie and me.

You have in your statement an explanation about the personal accountability of the individual HEW Directors, to whom you are delegating authority, to the Commissioner on Aging. You use the phrase, "personally accountable to deal." I was almost moved to think that for a second you were hiring and firing the HEW Regional Directors. Do you?

Mr. FLEMMING. No; I don't have any direct role. I suspect that if this kind of proposal went into effect, I suspect that I might get involved in discussions relative to records made by regional directors in the field of aging.

I will let Secretary Thomas possibly comment on that also.

Mr. BRADEMAS. I don't think you understand the thrust of my question. I think that personal accountability is obviously not a very significant phrase if the persons who are supposed to be accountable have not to be concerned about being hired or fired by the person to whom they are supposed to be accountable.

There may be people all over Capitol Hill that are personally accountable to me. But if I don't have anything to say about their jobs, I don't think, as a practicable manner, that that is a statement that means anything.

Mr. THOMAS. Mr. Chairman, if I may very briefly respond to that, the final authority for selecting the regional director is authority exercised by the Secretary.

I think it is important to point out that the system we have established permits us to report to the Secretary on a regional basis as to where that particular regional director stands in exercising the responsibilities that in one way or another have been delegated to him.

So I could say in response to your question that in the context that we will be showing what they have or haven't done, that we certainly can have tremendous impact on a review of their performance.

Mr. BRADEMAS. I appreciate that. I guess I am just very, very leery these days in this town of hearing phrases like "personal accountability" and "have tremendous impact" and "sharing in judgment-making." In all candor, those terms are not too significant to me unless I see them nailed down in some way.

For example, Dr. Flemming, how many of the regional directors did you have anything to do with hiring?

Mr. FLEMMING. As you know, Mr. Chairman, I have been back in the Department for a period of 4 to 5 months. As you also know, this is a proposal that is not yet in operation.

Mr. BRADEMAS. I understand. But you are not going to change all of the regional directors for HEW if the proposal is agreed to. Or are you? Is that what you are telling us?

Mr. FLEMMING. No; I am not saying that at all. The direct answer to your question is, I have not been involved in the recruitment of any of the present regional directors.

Mr. BRADEMAS. What about the assistant regional directors for human development? According to the letter to Speaker Albert from the Secretary with respect to this delegation, the HEW regional directors under the proposed plan will redelegate their authority to the human development directors. Did you have anything to say about any of those assistant regional directors for human development?

Mr. FLEMMING. Mr. Chairman, that process was well underway before I came on board. Secretary Thomas can describe that process.

Mr. THOMAS. Mr. Chairman, the assistant regional directors for human development must be concurred in, in terms of their selection, by me as the regional program directors in aging must be concurred in by Commissioner Flemming.

Mr. BRADEMAS. Does Commissioner Flemming have to concur in their selection?

Mr. THOMAS. Who?

Mr. BRADEMAS. Either the regional HEW directors or the assistant regional directors for human development.

Mr. THOMAS. No, Mr. Chairman, they do not. I think the important point here is that we have tried to devise a system that will be effective regardless of who occupies the positions of responsibility.

Mr. BRADEMAS. I don't mean Dr. Flemming. My question obviously means this: You have told us earlier, Dr. Flemming, of how an "approval role," to use your own language, has been given to the regional directors with respect to aging problems that may have been delegated to the regions. So they have been given some authority with respect to approval of the programs under your jurisdiction.

Now, what I want to know is, what is good for the goose has to be good for the gander. Do you have any approval authority with respect to the selection of the HEW regional directors, the assistant regional directors for human development, or the regional program directors for aging?

Mr. FLEMMING. I have not participated in the selection of regional directors or in the selection of assistant regional directors for human development, nor have I participated up to now in the selection of any of the regional program directors.

Mr. BRADEMAS. Is it contemplated that the policies and guidelines that your office will have an approval role in respect of the selection of any of the persons in those three categories?

Mr. FLEMMING. This is what I was about to address myself to in my statement; namely, outlining the process that has been set up for setting goals, getting monthly reports, and underlining the fact that each region is going to be evaluated on a region-by-region basis in relation to both title III and title VII.

In connection with title VII we have got an objective which is designed to make sure that 200,000 meals are being served 5 days a week no later than March 31. We have a weekly reporting system on that. This will also be worked into the monthly reporting system.

If month after month I get reports from a particular region which indicate that that particular regional director and the assistant regional director for human development are falling down on their job and are not measuring up to these goals, I can assure you that I will have no hesitancy in the case of the regional director of saying to the Secretary, "Look, as far as the field of aging is concerned, you have someone in charge who is not doing his job."

I would say the same thing to Assistant Secretary Thomas relative to the assistant regional directors. When vacancies occur in the future, whether it is in the position of regional director or in the position of Assistant Regional Director for Human Development, I will ask for the opportunity of making input on the basis of their responsibilities in the field of aging. I have every reason to believe that I will be given that opportunity by Secretary Weinberger and Assistant Secretary Thomas.

Mr. BRADEMAS. Of course, that is far short of the power to approve and to reject those persons. It is far short of your having the power to say, "You are fired." All you can say is, "I think you ought to be fired."

Mr. FLEMMING. Putting myself in the position of a Secretary, Mr. Chairman, if I had the problem of filling the post of regional director, of course I would get quite a number of views from quite a number of different persons and I would have to weigh those and then reach a conclusion.

All I am saying is, I am sure that Secretary Weinberger will give me the opportunity of presenting my views in terms of performance in the field of aging. The same thing will be true of the assistant regional directors. Of course, no regional program directors will be appointed without my concurrence.

Mr. BRADEMAS. You have 10 new regional directors. Is that right?

Mr. FLEMMING. Yes.

Mr. BRADEMAS. Can you tell us about the experience with respect to problems of the aging of those 10 regional directors now in office. You will recall that a previous witness expressed a real fear that those were persons with little knowledge of the aging field and/or not much sympathetic understanding of the field.

Mr. FLEMMING. Mr. Chairman, I am sure you don't want me to identify for the record people by name.

Mr. BRADEMAS. Yes, it would be helpful if you would. In fact, it would be very helpful to the committee if you would have submitted to the committee the curriculum vitae's of your 10 regional directors. And we can take a look and see how much they know. This is not an unimportant matter, Dr. Flemming.

Mr. FLEMMING. I agree.

Mr. BRADEMAS. We have people running some other very important programs in HEW who quite obviously have had no experience whatsoever in respect to the particular subject matter. I think it is a fair question for us to raise.

Mr. FLEMMING. I won't get into your last observation. But let me say I will be very happy to supply the biographical information relative to both the Regional Directors and the Assistant Regional Directors for Human Development.

Mr. BRADEMAS. That would be fine.

Mr. FLEMMING. And the Regional Program Directors on Aging. We will supply all three categories.

But let me say this: On the basis of the experience I have had in the past few months, even though this proposal is not in effect, I could talk with you about regional directors who have shown a very real interest in the field of aging. They have exercised leadership, taken the initiative, and are proving to be very helpful to the field.

[The information referred to appears in the appendix.]

Mr. THOMAS. Mr. Chairman?

Mr. BRADEMAS. Yes, Mr. Thomas?

Mr. THOMAS. If I could expand on that for just a minute, the aging programs require a substantial degree of coordination at the State and the local level in terms of the provision of services. That requires an additional degree of coordination with the offices here in Washington.

My feeling is that when it comes to encouraging the regional health administrator or the regional social services commissioner to respond to the whole intent of the title III program, it is imperative that the regional director be directly involved because he and, I think, only he, is able to bring together in the regional office the kind of officials who have responsibilities for social services, for health, for education that need to be brought to bear in terms of a title III program.

Without his direct involvement, I don't believe that degree of coordination would be as effective.

Mr. BRADEMAS. Why not?

Mr. THOMAS. Simply because—I think this relates to my second point, consistent with the intent of Congress, we have large responsibility for the aging activity. We have proposed responsibility for the aging activity in the highest official in the Department in the regional office. I think we mistake the situation when we don't recognize the fact that the regional director is the highest official in the regional office of HEW and only from his interaction on a comparable level with the regional commissioner of SRS or the regional administrator of health can we get the kind of cooperation that the title III program requires.

Mr. BRADEMAS. What is the evidence for that?

Mr. THOMAS. I think the history is that only those at a relatively equal level are able to interact with their counterparts. I think it is also responsive to place the whole Administration on Aging in the

Office of the Secretary so that it is able to more effectively coordinate with other elements in the Department. It couldn't as effectively interact with the SRS. I think we are showing the consistent nature of our actions.

Mr. BRADEMAS. Why is it that if this new program is going to be so wonderful, you really never talk about it in terms of improving services. You usually justify it in terms of improving coordination. Why is it that you didn't do any consulting with the State directors of aging?

Mr. THOMAS. I think Dr. Flemming would like to respond to that.

Mr. FLEMMING. Mr. Chairman, I would say this: I think it would have been helpful if we had consulted prior to the time the letter was actually transmitted. This issue came up at a meeting of State executives on aging. Since I came into office, I have held two meetings with all of the State executives on aging.

I called the first meeting in order to make it possible for them to make an input on the regulations under title III.

I called the second meeting in order to let them share with us the experiences that they were having under those regulations. It was a wideopen meeting. They could bring up other things they wanted to bring up. I don't recall just how this came up. But it did come up.

I said:

We will send to you copies of the letter. We would invite your comments to the letter or the contents of the letter after you have received it.

As far as I know this has been——

Mr. BRADEMAS. This has been done?

Mr. FLEMMING. Yes.

Mr. BRADEMAS. Why would the director of the Maryland agency not have gotten his letter?

Mr. FLEMMING. I am told that the communication to which I referred was mailed to the State agencies on aging on November 13.

Mr. BRADEMAS. Isn't it rather embarrassing for you to have to tell us that, Dr. Flemming, in view of the fact that the letter that was sent to the Speaker bears the date of October 31? In other words, it is after the fact.

Mr. FLEMMING. I said at the beginning, Mr. Chairman, that I agreed with you that it would have been preferable for it to go out before.

The issue came up at a meeting in the latter part of October and we responded to it by giving it out and certainly under the law the States have plenty of time to respond and to present us and you with their views because I recognize that we wouldn't have authority to implement a proposal of this kind certainly before February or March.

Mr. BRADEMAS. You are certainly going about it in a way such as to occasion the most widespread lack of confidence on the part of the State aging agencies all over the United States. You are certainly going about it in such a way as to undermine whatever confidence there may be in the integrity of this whole operation.

Why in the world, Dr. Flemming, could you not have consulted with the directors of State agencies all over the United States, weeks, maybe even days, before you sent the letter from Mr. Weinberger to the Speaker?

This is not an irrational request, especially from an administration that likes to boast how sensitive it is to local and State roles in respect to administering Federal programs. I think you ought to be ashamed of yourselves.

Mr. FLEMMING. Mr. Chairman, I think——

Mr. BRADEMAS. Ram it down their throats appears to be what you are going to do. Go ahead. Have back at me. If you have some answer to that charge, now is the time to make it.

Mr. FLEMMING. I will be happy to make it. I recognize your feelings on the matter.

Mr. BRADEMAS. This is the issue, not my feelings.

Mr. FLEMMING. But I think you overlook what I said when I began my response to your question—that I wish the letter had been shared with them prior to the time that it came to the Congress.

Mr. BRADEMAS. That doesn't mean anything. Why didn't you do it?

Mr. FLEMMING. Because I made a mistake. But, having said that, let me also say that twice now in the short period of time I have been in office I have had the State directors on aging together with the Regional Program Directors. I have presented issues for discussion and have discussed any issues that they desired to take up with me.

On October 26 I had the second meeting in Denver. This issue did come up at that particular time. I told them immediately after the meeting that we would see to it that they got copies of this proposed letter. At this time, it was a proposed letter. I didn't know when the Secretary was going to sign off on it.

Mr. BRADEMAS. You didn't?

Mr. FLEMMING. No, I didn't know just what date the Secretary was going to sign the letter.

Mr. BRADEMAS. You did not?

Mr. FLEMMING. No, I didn't. Why should I?

Mr. BRADEMAS. You should because of the fact that the law is very specific in making clear the number of days involved for consultation, and for giving Congress an opportunity to disagree, are essential to the implementation of any proposed delegation of authority. I should have thought that would have been a rather primitive responsibility on the part of the Secretary, at least to give you the courtesy of telling you when he was signing the letter.

Mr. FLEMMING. Mr. Chairman, wait a minute. I knew when he signed it.

Mr. BRADEMAS. That is not what you told me a minute ago.

Mr. FLEMMING. Yes, I did. I said that I knew when he signed it. I said that on October 26 I couldn't have predicted just what day he was going to sign it. That is what I said. You know that I couldn't predict it and no one else in my position could have predicted what day he was going to sign that letter.

We frankly said to the State executives, "There is such a letter in the works and we will share it with you and we will be happy to have your comments on that letter."

Mr. BRADEMAS. After the fact.

Mr. FLEMMING. Yes.

Mr. BRADEMAS. That is called "the new federalism."

Mr. FLEMMING. It isn't after the fact because we had no authority to put anything into operation, as you yourself have pointed out, until 60 days had passed under the provisions of the law. Therefore, we were in a position where we could accept their views on it and you could accept their views on it. But the provision you put into the law insures that a matter of this kind will be put on top of the table and will be discussed on its merits in just the way that you are doing at the present time.

Mr. BRADEMAS. I would like to make the humble suggestion, Dr. Flemming, if you are really interested in putting things on top of the table, that in a matter of such profound importance as a proposed new delegation of administrative authority, it would not have been inappropriate for any fair-minded administrator—and I think you are a very fair-minded administrator—to have consulted in advance with those who have responsibility for assuring the effective implementation of some of the Federal moneys. I think that is not an unfair or irrational or partisan statement on my part.

That the matter was handled in the way it was done, is, I suggest to you, not simply a matter of a mistake or an inadvertency. I think you are much too competent an administrator to let that kind of thing happen.

I have more questions, many more questions. Please comment on what I have said.

Mr. FLEMMING. All I am saying is that the procedure that you identified would have been the preferable procedure. I am not arguing with you about that. I am just trying to give you the facts as they did develop; namely, that there was a discussion of this in a meeting with the State executives on October 26 and that we did provide them with this so they could have the opportunity of responding to this committee or to the Senate committee. I certainly will respect their views.

[Information requested follows:]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
OFFICE OF THE SECRETARY,
Washington, D.C., February 4, 1974.

HON. JOHN BRADEMAS,
Chairman, Select Subcommittee on Education, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: In the hearing before your Subcommittee on the delegation of authority under the Older Americans Act you raised the question of consultation with the directors of State Agencies on Aging prior to the submission of the proposal for delegation of certain authorities to act to the Regional Directors of Health, Education, and Welfare.

At that time I stated that I had outlined our plans for the submission of such a communication to the Congress at a meeting of the directors of State Agencies on Aging which I convened in Denver on October 26 and 27. Since then I have had members of my staff check with a number of directors of State Agencies on Aging to ascertain whether they recollect the matter being discussed at the meeting on October 26. They do have such a recollection. Apparently the director of the Maryland Agency on Aging was not in the room at the time this discussion took place. Also no one has any recollection of any objections being voiced to the proposal as a result of the presentation.

I discussed the issue in greater detail with the Regional Program Directors on Aging at a breakfast meeting on October 27. At that time I stated that I would provide them with a copy of the Secretary's letter after it had been signed. A copy of the letter was sent to the Regional Program Directors on November 13. I was in error in stating that it had been mailed to the directors of the State Agencies on Aging.

In summary, there was consultation with the directors of the State Agencies on Aging. In retrospect I believe that it would have been wise to have provided them with copies of the proposed letter at that time and invited them to submit their reactions prior to the time that I submitted the proposed letter to the Secretary. In this manner I could have shared their formal replies with him before he transmitted a communication to the Congress. We must take advantage of every opportunity to forge a meaningful partnership with the States in the field of aging.

I would appreciate it if you would authorize the inclusion of this letter at an appropriate point in the transcript of the hearings.

Very sincerely and cordially yours,

ARTHUR S. FLEMMING,
Commissioner on Aging.

Mr. BRADEMAS. I have a lot more questions. I want to be sure that Mr. Quie has a chance to put some to you.

Mr. Quie?

Mr. QUIE. Thank you, Mr. Chairman. I was going to get into how this whole thing is going to operate, not whether you should have consulted with somebody beforehand or not.

Mr. BRADEMAS. If the gentleman will yield, I think that may have something to do with how it operates.

Mr. QUIE. It may be. But there is nothing in the law, at least, that says they have to consult with anybody beforehand. They can go and do what they want to do before consulting.

I just want to know the way you are going to handle this. I can understand what you are saying when you say the Regional Director is in a position to exercise effective leadership in the upper echelons of State government. That is why this committee moved the Commissioner, yourself, to a higher echelon by making it a presidentially appointed office.

But now, here, when you delegate out to the Director in the regional office, one thing that bothers me is that if we had thought that was a good idea, it seems to me we would have given the responsibility for title III and title VII to the Secretary, rather than to a Commissioner on Aging. Wouldn't that be comparable?

Now, we decided not to do that and we named a Commissioner in this act because we wanted one individual who had this entire responsibility. We felt that the Secretary had all the problems of social services and welfare and health and education.

Now, that Regional Director out there has those same responsibilities. In fact, if this administration carries through with decentralization as they planned, that Regional Director is going to have a great deal more authority than he has right now. Congress is looking at that with plenty of questions. So I don't know if he is ever going to get it or not.

Why is it wise to have you independent, as you are, within the Department of HEW and why shouldn't there be a similar situation out there in the regional office so that your regional office personnel have that type of interrelatedness with Mr. Thomas' counterpart and Mr. Weinberger's counterpart in the regional office that you have here in Washington with Mr. Thomas and Secretary Weinberger?

Mr. FLEMMING. Congressman Quie, this is a personal judgment on my part, obviously. I believe that I can get better results in implementing title III and title VII if, as the chairman has pointed out, there is a feeling of personal responsibility for results in connection with title III and title VII, on the part of the Regional Director.

Mr. QUIE. You get better results from the Regional Director than from your own project officer if you went directly to him?

Mr. FLEMMING. That is right. That is my best judgment. Secretary Thomas indicated some of the reasons for that. I expressed mine in my statement.

First of all, I think you will agree, that under this program authorized by titles III and VII, success is going to depend to a considerable degree on the way in which Governors and State agencies on aging get back of the program and really go to work to implement it.

I feel that the regional director is the top official of the Department in the region. He is in a stronger position to deal with the Governors of the States than the regional program director; you may recall that under our regulations under title III, we require the State plan to come from the Governor. It can't come from the State agency on aging. It has to come from the Governor. He has got to sign off on it. He will be held responsible for it.

Also, as I work in the field of aging, I am very much impressed with the resources that are potentially available to provide services to older persons in other units of HEW. The adults service titles of the Social Security Act are a good illustration of that.

I think if we are going to give older people the maximum service, we have to put ourselves in a position here where we can effectively tie together those resources and point them toward some very specific objectives in the field of aging.

I think the regional director can pull these people together and get them to agree on the use of resources in such a way as to help older people better than any other official in his office, simply because he is the higher official. He is the regional director. It is difficult to persuade persons on the same level to work together. We have certainly discovered that in Washington. If you set up interagency committees that are made up of people at the same level, they really don't accomplish a great deal.

But on the other hand if you can put in as a chairman someone at a higher level, you have a chance of accomplishing something.

So here the regional director can bring together his aging, his welfare, his health people and, as Secretary Thomas indicated, at times, his education people. I believe he can persuade them to develop some action that will utilize resources from all these places.

I feel that the regional director is really the only person who can do that effectively. I don't think he will do it more effectively because he believes that the Secretary is holding him personally responsible for results.

Mr. QUIE. By the same token, the only one who can coordinate the various interrelating programs in HEW is the Deputy or the Secretary. It helps to have a voice in that office dealing through the assistant Secretary of Human Development. I recognize that.

But here is something different. It is your representative in the regional office; the man answerable to you is the regional director. You appoint somebody out there. But he could redelegate out there. Here is the difficulty that I see on that. You tell the regional director to do something. Now, you have got all kinds of counterparts in HEW telling him to do something, too. You have read the Good Book. You can't serve more than one master. There is one that is higher than all the rest. That is the Secretary.

Now, if the Secretary thinks differently from you, then he is going to go the way the Secretary is. That is altogether different than if the Secretary thinks differently from you. You have got a man out there who reports directly to you and then he works out this coordination within the office. He goes to Mr. Thomas and talks to you. But instead he has got a direct line to your man out there who you are sharing with everybody else.

It is just like here in Congress. Mr. Radcliff is the staff man working here on the committee. I'd hate to have to go to Gerry Ford and say to him: "Now, is it all right if I share a little of Charley Radcliff's time" because he has to work with the Interstate and Foreign Commerce Committee and the Ways and Means Committee and the Appropriations Committee.

Mr. BRADEMAS. The gentleman may have an opportunity sooner than he knows.

Mr. QUIE. It seems to me that when you have people whom you delegate responsibility to, that man has to be 100-percent responsible. Because you are picking a man that is going to be only one-tenth responsible to you.

Mr. THOMAS. Congressman Quie, I recognize the specific problem which you have cited. To meet that problem, we have proposed to the Secretary those objectives we consider the most important activities in the aging area for the coming fiscal year.

The Secretary, then, by his acceptance of these objectives as ones that he will personally track, mandates on our part and on the part of the regional directors that they will be achieved.

Therefore, we have established that every other month myself and my colleagues meet with the Secretary to tell him where we stand with respect to the attainment of those goals and objectives. We tell him where we stand on the basis of each region because each regional director signs the statement saying, "Consistent with your mandates and the mandates of the Secretary, we will achieve these directives over a given period of time."

In addition, on a monthly basis, the individual directors are required to report to us on where he stands with respect to the attainment of his objectives. We, in turn, discuss this among ourselves and with the Secretary. So in this particular regard he is mandated not only to work basically for us, but he is mandated to achieve goals and objectives not only by Dr. Flemming and myself, but by the Secretary also.

In this way, we insure that the proportionate amount of time and responsibility that must be devoted to aging is adhered to, and that is the basis of our proposal. It is designed to help older persons in both the Administration on Aging and in the Office of Human Development, our ambition is to help people and to insure that the appropriate services are delivered. We don't want to rest solely on the resources that are available to us. In other words, we hope that in addition to the resources that are available from the Administration on Aging, the activities of the regional directors will help assure that greater units of resources are allocated and directed toward aging.

Mr. QUIE. Dr. Flemming, under this plan, you delegate to the regional directors responsibilities that you have. The Director of RSA will be delegating to the regional offices his responsibility. You have got the Director of the Office of Child Development also and

Mr. Thomas. He will be delegating his responsibilities to the regional office. The Commissioner on Education will be doing this. That is an awful lot of delegation in the hands of one man, it seems to me, out there.

You see, what we have done here in the legislation in Congress is a different idea. Congress had the idea of a Commission on Aging to give visibility and identity to the problems of the aging.

Your desire to get this to as high as possible a person in the hierarchy is commendable.

On page 7, who is going to approve State plans if this new decentralization program went into effect?

Mr. FLEMMING. My point is that if this proposal goes into effect, that the regional director will have the authority to approve or disapprove or work out modifications, for plans under the policies and guidelines and regulations that, as Commissioner, I would establish and that he would be acting under the Commissioner's guidelines or regulations in either approving or modifying or disapproving.

If he takes action that a State feels is unsound, the State can appeal to the Commissioner.

But my thought is to place responsibility for working with the States in the field of aging with the regional directors who are working with the States, as you say, in a number of areas on a regular basis. I think they would be in a better position to negotiate with the States, within the policies and regulations and the guidelines that are established by the Commissioner.

Mr. QUIE. Possibly, if this was all he had to do or there wasn't much else he had to do, but HEW is a pretty big operation out there. He can't do it all himself. He is going to delegate it to somebody else. So that means since he can redelegate, he redelegates down to the Assistant Director for Human Development, and in effect this Assistant Director for Human Development is going to decide on who is going to approve the State budget, and this Director is going to be so busy that he will depend on that fellow. He has got a program for native Americans and a number of others. So he has got a great deal to work with. Don't you think he might delegate to somebody else that decision on who he will depend on to give his recommendation? If you will accept going that far, why don't you just have that person down there responsible to you rather than responsible to the assistant director of the regional office, who is responsible to the director of the regional office, who is responsible to you?

Mr. FLEMMING. What you have just described is in effect what is in operation right at the present time.

Mr. QUIE. Will you deal directly with the——

Mr. FLEMMING. Drawing on my own experiences over the years, I feel it is very advantageous to have the regional director feel and believe and recognize that he has got to accept responsibility for what goes into that State plan. I agree with you, he is going to have to delegate authority because of his other duties and responsibilities.

Now, in this case, the money has gone to the State already under the formula incorporated in both titles III and VII. I feel we would have a stronger situation out in the region if we could say to that regional director, "Look, I am looking to you to accept responsibility for what happens. I will work with you to see that you get all the help and assistance that you need in order to discharge this authority."

Mr. QUIE. The chairman was asking you if you would have any voice in the hiring. Somebody might ask you if you have any objections. But really, the Secretary has that responsibility. That is the way it is going to be. You aren't going to select the Assistant Director for Human Development, either.

But now you have the total voice in who is going to be your project officer out there.

Mr. FLEMMING. That is right.

Mr. QUIE. If there is delegation and redelegation, it seems to me you lose that. That is significant to me, that you don't hire the person out there.

I really like the plan that you have already developed out there, although I think you should come to us and tell us that there are some people who aren't directly responsible who are going to be involved in decisionmaking. So I really think there is a great deal of merit to what you are trying to do here. So before your project officer says OK, you know that somebody else is looking at the bigger field out there and has also stamped his approval or disapproval on it. Then you can make the correction.

But I think it is far superior to this mechanism that you developed here, which I think is going to get out of your hands after awhile. Maybe you will be so diligent that it won't get out of your hands. But, the way human beings are made up, people give up responsibility so easily. It is the easiest thing to do. I don't want that temptation to be out there where you give that responsibility up to somebody else.

Mr. THOMAS. Congressman Quie, if I may respond to that just briefly, because it is germane to our whole thinking about the programs in human development. I think one of the reasons why we are in the Office of the Secretary is because we recognize two things. One, we don't have the resources to do all the things for the aging, youth, native Americans, and so on, but we are the focal point for the concerns of these groups.

It it imperative that we be interacting with our counterparts in other agencies in the Department. We are saying that the title III and VII programs require coordination, making information and assistance available and filling service gaps. If there is in the regional office someone on a high enough level who is able to bring the other regional officials together, just as Dr. Flemming and I do in Washington, to be able to bring their resources and their energies to bear on this particular area, in this case, the aging, we maintain as an accountability mechanism the fact that the Secretary himself as well as Dr. Flemming and I are continuously monitoring what they are doing so that they can never abbrogare their responsibility for the direct program activity as well as their coordination activity.

As a result of their interaction on a fairly regular basis with the Governors, they are in a position to be able to say to those Governors, "You are not getting those meals out there as fast as you should." They will take that personal interest. Without that personal interest and that personal accountability, we are convinced the program would not be as effective.

Mr. BRADEMAS. I regret very much that because the House is in session and there are a couple of bills for which both Mr. Quie and I have some responsibility, we have to be over there to manage them.

So we are going to have to adjourn the hearings at this point. I will make every effort to see that we schedule another hearing and ask you both to come back to give you another opportunity to respond to inquiries and present any further statements you may wish to make.

Did you want to make a final comment?

Mr. FLEMMING. I would like to make one final comment on this latest exchange. I don't want to see this matter become overly complicated by any means. I recognize that Members of Congress, growing out of their experiences, may develop some convictions relative to what HEW agencies can or cannot do.

As one who has had administrative responsibility in the past as well as now, I have a good deal of confidence in the role that a regional director can play in a program such as this.

My only interest, Mr. Chairman and Congressman Quie, is to get a setup that will get the best results as far as elder persons are concerned. I believe that this kind of organizational approach will work because I have seen it work in the past.

I will be delighted to talk to you more about this. I respect the points of view you have expressed.

Mr. BRADEMAS. Thank you very much.

Mr. QUIE. Mr. Chairman, I just want to express my agreement with you that we ought to have further meeting because this is a subject that we can continue on with Dr. Flemming and Mr. Thomas because of their capability as administrators because this is going to go on beyond just older Americans. We want to talk about vocational rehab and decentralization and the whole area of education.

So I think we are trying to work with you now where we can develop a mechanism to make these programs most effective and efficient out there in the field.

You can tell that both the chairman and I have some very grave reservations about the way decentralization is being planned here. It will be necessary for us to make a decision before those 60 days are up as well.

Mr. BRADEMAS. I want to add my appreciation to Dr. Flemming and Mr. Thomas for putting up with our questions.

I look forward to seeing you again in a few weeks.

Thank you very much.

We will adjourn.

[Whereupon, at 1:15 p.m., the hearing adjourned.]

OVERSIGHT HEARINGS ON OLDER AMERICANS

WEDNESDAY, FEBRUARY 13, 1974

HOUSE OF REPRESENTATIVES,
SELECT SUBCOMMITTEE ON EDUCATION
OF THE COMMITTEE ON EDUCATION AND LABOR,
Washington, D.C.

The subcommittee met at 11:10 a.m., pursuant to recess, in room 2261, Rayburn House Office Building, Hon. John Brademas (chairman of the subcommittee) presiding.

Present: Representatives Brademas, Peyser, Grasso, Lehman, and Biaggi.

Staff members present: Jack G. Duncan, counsel, and Martin LaVor, minority legislative associate.

Mr. BRADEMAS. The Select Subcommittee on Education will come to order for the purpose of hearing testimony on training under title IV of the Older Americans Act.

I should like to read into the record a letter that I, as chairman of the subcommittee, received signed by Senator Church, Senator Childs, Senator Williams, and Senator Eagleton and invite your comment in writing on it. If you have any comment at this time, of course, we will be glad to hear from you as well.

This is dated February 6, 1974.

Dear Mr. Chairman:

We accept with appreciation your invitation to members of the Committee on Aging to participate in the segment of the Select Subcommittee's hearing on February 13 which will assess the impact of the Administration's cutback of funds for training under Title IV, Part A, of the Older Americans Act. We recognize the ramifications of the administrative action and join with you in your concern about the future of existing aging training programs in meeting the demands for trained personnel in the gerontological field.

Last June when alerted to the Administration's failure to include funding for aging training in its budget for FY '74, this committee conducted two days of hearings under the chairmanship of Senator Chiles on "Training Needs in Gerontology." The conclusion arising from these hearings was that there is today a severe shortage of trained personnel in the field of aging and to discontinue support for long-term training programs at this time would cause serious curtailment and in some instances complete abolition of the training programs now functioning within institutions of higher education. The grants these institutions of higher education were receiving from the Administration on Aging enabled them to award student stipends, support faculty positions and have distinct courses on aging within the curriculum. Without Federal support these programs would suffer considerable damages as their ability to attract students and faculty interest will diminish with the loss of their Administration on Aging grant.

Recognizing this need, the Congress saw fit to appropriate $10 million in the Labor-HEW Appropriations Bill for FY '74 for training under the Older Americans Act. Upon reviewing the budget for FY '75, we were shocked to see that not only has the Administration again failed to include funding for aging training, but has divided the $10 million appropriated for FY '74 over a two-year period

and has designated it specifically for short-term training grants only. This will mean that long-term categorical training grants which now sustain existing aging training programs will be done away with and replaced with only short-term training courses to train personnel who will man the many service programs for the elderly. Although we recognize the need for these short-term training programs, we also clearly see the need to continue the funding for long-term training grants which enable aging programs within institutions of higher education to maintain a status and distinction within their curriculums. If the Administration succeeds in abolishing long-term grants, in a few years we will have no one with enough expertise to train those who participate in such short-term programs as provided for under the Administration's budget. The Administration's rationale for discontinuing these long-term programs as they phase out all categorical training programs is seriously questioned by the members of our committee.

As specified under Title IV of the Older Americans Act, we suggest that the original intent of the Congress as stated in the legislation be implemented. Title IV, Part A, states that the Commissioner may make grants to institutions of higher education, any public or private nonprofit agency, organization or such, so as:

"(1) To assist in covering the cost of courses of training or study (including shirt-term or regular session institutes and other inservice and preservice training programs).

"(2) For establishing and maintaining fellowships to train persons to be supervisors or trainers of persons employed or preparing for employment in the fields related to the purposes of this Act.

"(3) For seminars, conferences, symposiums, and workshops in the field of aging including the conduct of conferences, other meetings for the purposes of facilitating exchange of information and stimulating new approaches with respect to activities related to the purposes of this Act.

"(4) For the improvement of programs for preparing personnel for careers in the field of aging, including design, development, and evaluation of exemplary training programs, introduction of high quality and more effective curricula and curricula materials.

"(5) The provision of increased opportunities for practical experience."

These five principles will not be fulfilled if only short-term grants are awarded by the Administration on Aging. We see the Administration's position as an obvious and clear-cut violation of the intent of Congress and we urge that the Administration reconsider its position.

On behalf of the entire membership of the Committee on Aging we thank you for your invitation and will work with your subcommittee in any way possible to see that the congressional intent is observed and supported by Administration proposals.

We ask that this letter be included in the hearing record, as evidence that the Committee on Aging and the Subcommittee on Aging stand in definite opposition to the Administration's proposal with regards to the funds under Title IV.

I think the position of my colleagues in the Senate on this matter is clear and I would ask you, Dr. Flemming, what thought the administration has given to the matter of aging training programs in the future and what can you say about the kind of problem the Senators spoke to, namely, if the support of training specialists in the field of aging is terminated, who is going to be conducting the short-term training sessions, say, in 5 years.

Or to put the matter another way, who is going to be training the trainers?

STATEMENT OF ARTHUR S. FLEMMING, COMMISSIONER ON AGING, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE; ACCOMPANIED BY JOAN HUTCHINSON MILLER, DEPUTY ASSISTANT SECRETARY FOR LEGISLATION (WELFARE)

Mr. FLEMMING. Mr. Chairman, as you suggested just before you read the letter, I would like to have the opportunity of considering this communication and preparing a reply for inclusion in the record. It raises policy issues that I would like to pursue within the Department and within the administration.

[Information referred to follows:]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
OFFICE OF THE SECRETARY,
Washington, D.C., April 6, 1974.

(Office of Human Development Administration on Aging)

Hon. JOHN BRADEMAS,
Chairman, Select Subcommittee on Education, Committee on Education and Labor, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: At the hearing before your Subcommittee on the proposed extension of Title VII of the Older Americans Act, you shared with me a letter from Senators Frank Church, Lawton Chiles, Harrison Williams, and Thomas Eagleton relative to the Administration's implementation of Title IV–A of the Older Americans Act, and asked that I respond to it for the record.

On April 1, I sent a letter, a copy of which I am enclosing with this communication, to colleges and universities that had received funds from the Administration on Aging for the purposes of career education in gerontology under Title V of the Older Americans Act during academic year 1973–74.

I would appreciate it if you would authorize the inclusion of this letter and enclosure at an appropriate point in the transcript of the hearing.

Very sincerely and cordially yours,

ARTHUR S. FLEMMING,
Commissioner on Aging.

Enclosure.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
OFFICE OF THE SECRETARY,
Washington, D.C., April 1, 1974.

(Office of Human Development, Administration on Aging)

An amount of Title IV–A Older Americans Act funds has been set aside to fund one year continuation grants for existing career training programs in aging. In no instance will it be possible for the Administration on Aging to award funds to any one institution in excess of the funds made available for the academic year 1973–74. There is no money in the President's FY 1975 budget for training in aging. The expenditures in 1974–75 will be based on expenditures for the fiscal year 1973–74 and may not be used for program expansion.

Our records show that the amount of money made available to your institution under Title V for the academic year 1973–74 is

The emphasis in use of the funds will be on providing support to the existing college and university based programs in gerontology. The money may be used for institutional costs to support existing activities. In the development of proposals priority consideration should be given by the institutions to activities for which support can be obtained in the future from other sources.

Institutions may include in their proposals requests for support for students based on need. The proposals should provide for a procedure under which the appropriate student aid officer within the institution will certify that the student has exhausted opportunities for obtaining support through the institution's regular student aid program (including basic opportunity grants, scholarships, fellowships, loans, and part-time employment) and requires a specified amount in order to be in a position to pursue a course of study during the academic year 1974–75. In this part of the proposal the institution can suggest an estimated amount with the understanding that it will not exceed the actual expenditures for this purpose under Title V for 1973–74.

Training grant proposals should be submitted on Form HEW 608T, Application for Federal Assistance (Non-Construction Programs) by April 22, 1974. Six copies should be sent to the Office of Research, Demonstrations, and Manpower Resources of the Administration on Aging. One copy each should be sent to the Regional Office and to the State Agency on Aging for review and comments. The Administration on Aging will review proposals and will issue Notices of Grant Awarded prior to June 1, 1974.

Inquiries regarding this letter should be addressed to Mrs. Marian Miller at (202) 245–0004.

Very sincerely and cordially yours,

ARTHUR S. FLEMMING,
Commissioner on Aging.

Mr. BRADEMAS. Are there any questions on the part of the Senate Committee on Aging staff?

The Chair would like to consult with Dr. Flemming on the matter of three letters from persons associated with the Institute of Applied Gerontology at St. Louis University.

Thank you, Dr. Flemming.

Mr. FLEMMING. Thank you.

Mr. BRADEMAS. We are next pleased to hear from Mr. Walter M. Beattie, Jr., director of All-University Gerontology Center at Syracuse University, and chairman of the Education Committee of the Gerontological Society.

I understand, Mr. Beattie that you will be accompanied by Wayne Vasey of the Association for Gerontology in Higher Education and codirector, Institute of Gerontology, University of Michigan and Wayne State University. We are pleased to have you with us.

STATEMENT OF WALTER M. BEATTIE, JR., DIRECTOR, ALL-UNIVERSITY GERONTOLOGY CENTER, SYRACUSE UNIVERSITY, AND CHAIRMAN, EDUCATION COMMITTEE, GERONTOLOGICAL SOCIETY; ACCOMPANIED BY WAYNE VASEY, ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION, AND CODIRECTOR, INSTITUTE OF GERONTOLOGY, UNIVERSITY OF MICHIGAN AND WAYNE STATE UNIVERSITY

Mr. BEATTIE. Thank you, Mr. Chairman.

I would like to preface my remarks, I think, because of the importance of underscoring that while I am testifying for the Gerontological Society, this testimony is joined by the key national organizations in the field of aging, the American Association of Retired Persons and the National Retired Teachers Association and the National Council on Aging, also the National Council of Senior Citizens, who support what I am about to present.

I am here this morning to bring to the attention of the Congress an emergency of crisis proportions confronting universities and colleges committed to preparing persons throughout this Nation for careers

in the field of aging. If this crisis is not resolved in the immediate future, chaos will result. Such chaos, in our judgment, is due to the decision, apparently made by the Office of Management and Budget, to not honor Federal contractual commitments to several universities and colleges and to not honor what in our understanding was congressional intent in the passage of the Older Americans Comprehensive Services Amendments of 1973, especially title IV, and the subsequent Labor-HEW appropriations for fiscal year 1974.

Commitments to faculty, commitments to students and especially our long-range commitments to the elderly are being destroyed through the refusal of the Office of Management and Budget to authorize expenditures of the $10 million appropriated to continue the present programs of education and training in the field of aging, as well as to respond to those institutions ready to develop academic programs in aging.

I particularly want to underscore the concerns and plight of students. Experience has shown that through Federal support career decisions are not only made, but that students move on to carry out responsible leadership roles at the community, State, and Federal levels. Should you wish, I can provide documentation as to this point. The threat of funding withdrawal at a time when increasing numbers of young persons are moving toward aging as a career choice in a number of disciplines and professions is tragic to the student, as well as to untold numbers of old persons who, in my judgment, will be better served through personnel appropriately prepared with knowledge about aging and how to respond professionally to the needs of older persons.

The fact that the House Select Subcommittee on Education views the crisis confronting the educational programs preparing persons to work in gerontological programs of service, research and education as sufficiently critical to invite the Senate Special Committee on Aging to jointly participate in this hearing is most appreciated by the Gerontological Society, the national society in aging devoted to research and education. The society, as you know, is comprised of a multidisciplinary and professional membership of some 3,400 individuals representing the biological, clinical medicine, behavioral, and social sciences, as well as the professions concerned with administration, planning and the delivery of services to older persons.

I am sure you are aware, Mr. Chairman, that by April contracts and resources are allocated within universities to assure sound academic planning and program responsibilities for the forthcoming year. Through the decision of the present administration, universities and colleges are caught in the dilemma of honoring their contractual obligations to such faculty and students, while at the same time the Federal Government is not honoring its contractual obligations to institutions of higher learning.

Possibly no field of human and social concern is in more critical need of trained qualified manpower at all levels, including the professions, than is aging. Gerontology is also one of the most vulnerable fields in institutions of higher education because of the fact of its recent development. As society is only now becoming aware of the fact of more individuals living into the later years and the increasing impact of the numbers of aging on community and national life and priorities,

so have universities only begun to reflect this recognition. They have just begun to develop academic resources and programs to prepare persons for professional leadership in service planning, administration, and delivery. Further, higher education has only begun to train the trainers in gerontology and to support sorely needed research to provide more adequate knowledge about aging per se and the conditions under which older persons live in our society.

Chronologically, it was not until the late 1960's that small amounts of Federal dollars were appropriated for the development of beginning programs in gerontology. One could literally identify on the fingers of one's hands the numbers of such programs. These were supported through the then title V of the Older Americans Act.

Following the 1971 White House Conference on Aging with the attendant increased public awareness of aging, there was a larger commitment of title V moneys to expanded programs, particularly in 1972. Several universities throughout the Nation made substantial commitments of their own on the basis of contractual commitments of the Federal Government to support on a 5-year basis the expansion of interdisciplinary and disciplinary programs to meet the complex and growing manpower needs in the field.

Within a year the present administration, ignoring the recommendations of the White House Conference, first determined not to honor its contractual commitments or to authorize expenditures of appropriated funding, and then due to considerable national pressure reduced in 1973 funded support of university programs in aging under title V to an approximately 50-percent level of the 1972 year. It was, therefore, gratifying to many individuals and groups, who worked to achieve the comprehensive services amendments to the Older Americans Act, to see titleIV on education, research, and training included as a continuing recognition by the Congress of the critical manpower shortages in the field of aging and for which, Mr. Chairman, we owe you special thanks.

As the National Council on the Aging recommended to the White House Conference on Aging:

> The need for personnel especially trained for serving the older person and for teaching and research is of a magnitude to require increased federal and state governmental support, as well as support from other sources. Such support is required for all levels of training—from the paraprofessional working at a neighborhood level to those working at the doctoral level; for in-service training programs as well as those of a more academic nature.

As you know, the administration in early 1973 requested no funding support for section A of title IV of the Comprehensive Services Amendment to the Older Americans Act and it was only through congressional direction in the 1974 Labor-HEW Appropriation bill that $10 million was included. Many prominent national organizations and representatives of academic programs appeared before the Congress, documenting the need for this support.

On June 19, 1973 I testified, representing 26 university-related programs preparing students for careers in the field of aging, on the critical training needs. It was, therefore, with much consternation we learned only during the past 2 weeks that the administration was determined not to support degree-awarding programs in gerontology and that it will restrict the use of appropriated monies for short-term training.

Further, that the fiscal year 1974 appropriations will be divided with approximately $3 to $4 of the $10 million appropriated to be carried over for fiscal year 1975. It is shocking to see that the President's new budget for fiscal year 1975 contains zero dollars for training in the field of aging despite the promises of the administration to older persons throughout the country of its support of educational and training programs.

The recognition of this crisis in regard to its effect upon services and programs for older persons is underscored by the fact that I have been requested by other national organizations, representing memberships from national and community voluntary groups throughout the Nation and mass individual membership of persons not only working in the field of aging, but of older persons themselves, to share with you their broad concern and support for the testimony which I bring to you this morning. These include The American Association for Retired Persons, The National Retired Teachers Association, the National Council on the Aging, of which I am a member of the board of directors, as well as serving on the Public Policy Committee, and the National Council of Senior Citizens. Each of these organizations has already gone on record requesting Federal support for higher education in gerontology.

In 1966 in testimony I presented on the future of long-term trends in aging I suggested the critical need to bridge university programs of research and education with service delivery programs at the community, State, and regional levels. Through title V of the original Older Americans Act, Syracuse University on the request of the Federal Government established a regional multidisciplinary center serving New York, New Jersey, Puerto Rico, and the Virgin Islands. Substantial university resources were committed on the basis of a 5-year contractual agreement with the Administration on Aging.

Unfortunately, time for my formal testimony does not permit my full sharing of the positive developments which have occurred over the past 1½ years. Suffice it to say 40 courses are currently being offered across the university and that an ongoing structure of education, research, and service, including participation by the elderly, has occurred with each of the States and territories identified above. Should time permit I will be pleased to share with you the implications of the withdrawal of Federal funding to this university commitment. For the record I am submitting materials which may shed some light on the impact of such programs on students and the elderly, as well as on the larger community.

In summary, Mr. Chairman, I would like to request, on behalf of the university and college programs throughout the United States and the national organizations for whom I am speaking, that the Congress:

One, take every action possible to assure that the 1974 Labor-HEW appropriations for fiscal year 1974 of $10 million be allocated for the continuation of aging training programs in universities and colleges throughout the Nation. It is imperative that such allocations be authorized in the immediate future in order that present commitments by universities and colleges are not destroyed.

Second, that there be included for fiscal year 1975 in the Labor-HEW appropriations continued and expanded fiscal support for training in gerontology.

On behalf of the organizations and the large number of individuals for whom I am speaking I wish to express my appreciation to you, the House Select Subcommittee on Education of the Committee on Labor and Education, and the Special Committee on Aging of the Senate for the leadership you have given to assure older persons and those who would serve the elderly of responsible Federal commitments to their well-being.

Mr. BRADEMAS. Thank you, Mr. Beattie.

Mr. Vasey, do you think you can summarize your prepared statement and, without objection, it will be included in its entirety in the record.

Mr. VASEY. I would prefer to do that since much of what I am presenting would be repetitious and perhaps not stated as well as Mr. Beattie said it.

I am appearing as chairman of the Association for Gerontology in Higher Education, a volunteer organization of schools and colleges comprised of about 30 members now. We are deeply grateful for this opportunity to be heard.

I will confine my comments primarily to some specific instances in colleges and universities throughout the country that footnote the comments that Walter Beattie has made.

I don't wish to be in the position of crying wolf, but I am prepared on the basis of communication with members of our association to state that this present proposed policy by the administration will result in the elimination of some programs and serious curtailment in many or most of the others.

I will briefly recount some of these situations so it will be made more clear. The first of these is St. Louis University. I understand they have in a letter set forth their position. They are in this period of time, a short period of time during which they operated, unable to develop the hard money budget base they require for continuing their efforts. They are just now beginning to achieve a position and ability to make an impact on the community. I know that impact on the community has been considerable in St. Louis and its environments through programs that have grown out of our activities.

They have now 20 trainees who are currently involved in a very intensive credit certificate and about 200 students who have participated in its semester courses.

Unless the administration honors its contractual obligations to this program, much of the program, if not all, will have to be discontinued.

Much of the same picture is shown by the University of Nebraska. The director of that program, Dr. David Peterson, initiated a program on July 1, 1972, on the strength of a contract for Federal support. They enrolled students, employed faculty and staff and now, according to the director, the university faces the dismal process, even with State funds, which are by no means certain, of cutting back to a fraction of its present program.

In Utah a consortium of five universities has received a grant effective in June 1972. The term of this contract is 5 years with the understanding it would be renewable year by year. Now this program had been developed after years of very careful planning and involvement of community interests. It was not something which developed overnight or in response to the immediate availability of funds. They are getting excellent support from all of the institutions participating. They are providing training for 75 students.

There is a distinct possibility according to this director that the program will have to be dropped if the present contemplated action is undertaken. He expressed another concern which I think many of us share. You spend so much time now struggling for survival and the securing of funds just to keep the program going that he isn't having the time to provide the leadership to develop an ongoing and effective program.

Federal City College in Washington, D.C. is another case in point. The director of this program, Dr. Clavin Fields, notes how important it is for the trainees to have their training in a college or university program even if under a short-term ostensibly noncredit program. The members of that faculty conducted a survey in the planning phase of their operation and their survey was designed to determine the attitudes of prospective trainees. This survey indicated that in-service training would best be offered if it included the possibility of earning undergraduate or graduate credits. There has to be a place to provide these credits if it is to have meaning.

Many of the students in the current program at this college are holding volunteer or fulltime paid jobs while attempting to complete association of arts or bachelor of arts degree requirements in this college. In a real sense, the regular institute programs here could be considered as in-service training.

The director of this program declares that it is almost certain that without Federal grants for program support this institution will cease to exist and he calls for continuation and even expansion of Federal assistance.

I have dealt largely on some of the newer programs which were started with the assurance of Federal assistance. I think there are differences of degree rather than differences in kind. The University of South Florida faces the dismal prospect of perhaps closing at the end of this year if it doesn't receive support, the Center of Gerontology at the university.

I know the Older Americans Act is not to maintain an educational system, but we believe the maintenance and development of an educational resource is vital to the process of successfully carrying out the intent of the Older Americans Act.

Mr. Chairman, I join my colleague in declaring, I hope, all these steps will be taken to insure the intended use of funds appropriated for training.

Thank you for this opportunity and I will just close with my summary at this point.

[Statement referred to follows:]

TESTIMONY OF WAYNE VASEY, CO-DIRECTOR ON BEHALF OF THE ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION

I am appearing today as the Chairman of the Association for Gerontology in Higher Education, a voluntary organization of more than thirty college and university based centers for research and training in gerontology. Last June my colleague, Walter Beattie, appeared on behalf of the Association, before the U.S. Senate Special Committee on Aging, to express our concern over the decision of the National Administration to terminate all training support by June 30, 1974, and to reduce support for faculty by 50% under the Administration on Aging training programs in 1973. We were deeply gratified and appreciative when the Congress appropriated $10 million for fiscal 1974 for training as provided under Title IV, Section A of the Older Americans Act as amended.

It is our understanding that the clear intent of the Congress in this year's appropriation was to provide Federal funds to support the colleges and universities in their efforts to continue their programs and to improve their capabilities in this relatively new and important field of human services. Now, we understand, the Department of Health, Education, and Welfare is planning to exclude from support all degree granting programs in gerontology. We have been informed further that all of the funds so appropriated are to be used for short-term, non-credit training. We view this prospect with dismay.

We are just beginning to develop a body of knowledge and experience in aging in many institutions of higher education. Since 1966, when Federal support for gerontology programs under the Older Americans Act was initiated, a number of programs have been developed in colleges and universities throughout the country. Federal support has been crucial to this development. Gerontology programs are just beginning to be accepted as components in higher education. We believe that the withdrawal of support for degree granting programs would have disastrous consequences for the future of gerontological education and would turn back the clock in this field. Not only would degree granting programs be threatened; short term training would be severely impaired in quality and effectiveness. We need to strengthen the capacity of universities and colleges throughout this country to provide trained manpower for human services, and to help to prepare men and women for future leadership in this field. We accept the obligation to help to upgrade the skills of those now administering and providing services to the elderly by offering short-term non-credit training.

In the past weeks we have canvassed the various centers of gerontology to assess the immediate as well as the long-run consequences of curtailment of support to universities and colleges for gerontological education in 1974. The experience of 1973 has given us some significant clues as to what is in store unless there is a drastic shift in Federal administrative policy. While you may be familiar with much of this recent history, I would, nevertheless, like to allude to some of it in order to provide a background for my comments on the effects of this impending policy. I begin by stating that the universities and colleges have already served an apprenticeship of deprivation.

Last year's notice of the administration's intent to reduce and subsequently to terminate training grants in gerontology came without warning and allowed no time for adjustment of plans. It was a severe blow to a number of programs which had first received Federal support in the 1973 fiscal year. The older programs also severely felt the blow. They had already made their plans for the following year and had incurred obligations to faculty and students.

But perhaps the saddest part of the picture is the apparent disregard of the tremendous surge of interest in aging on the part of many graduate and undergraduate students on many campuses. All institutions report the same phenomenon of increased interest and demand from students. It is most encouraging that so many career oriented students are beginning to recognize the possibilities in services to the elderly. This was not true a few years ago. Reports show as high as fivefold enrollment increases in the longer established programs, and a rapid development of student interest in the newer ones. A question might logically be raised as to why, with this interest, the institutions couldn't make up for the lost Federal support. This is not possible. Universities and colleges throughout the country are feeling the financial pinch, as increased costs outstrip resources. Older, long established areas of study are struggling to maintain themselves. A relative newcomer to higher education, like gerontology, is not in a favorable position to demand reallocation of scarce resources from universities struggling to maintain their programs.

Under these circumstances, attracting more and more students is not an unmixed blessing, since faculty support, physical facilities, and administrative and secretarial staff are put under severe overload.

I do not wish to be in a position of crying "wolf," but I am prepared, on the basis of communication with members of our Association, to state that what is now proposed by the Administration will result in the elimination of some programs, and serious curtailment in many or even most of the others. Following are some of these situations. These are not unusual or atypical instances. I begin with some of the programs which were started recently with the contractual commitment of continued support before recent changes in Federal administrative policy governing support.

The first of these is St. Louis University. In December, 1972, this university received notice of an award of a five-year grant, to be effective in July, 1973. The letter of award was received from the Commissioner of Aging. On the

strength of this contract, the University recruited staff, announced its program, and admitted students. In May, 1973, a statement was received from the Associate Commissioner of Health, Education, and Welfare in Region VII, in Kansas City, to the effect that the award could only be for one year at that time. But, by then, the appointments to faculty and staff had been made, and traineeships had been awarded. In November this same University received official notification that there would be no future support after June, 1974.

In this short period of time, St. Louis University has not been able to develop the hard money budget base which is so necessary before Federal support can be withdrawn without extremely damaging consequences for such a program. This is the only Institute of its kind in the State of Missouri. It is just now achieving a position of ability to make an impact; for a relatively short tir this impact has been considerable in the St. Louis community and its envir through programs growing out of its interdisciplinary and multidisciplir base. As a brand new Institute it has, in addition to 20 trainees who are currently involved in a very intensive credit certificate program, approximately 200 students who have participated in its semester courses. Unless the National Administration honors its contractual obligation to this program, much if not all of it will be discontinued.

The University of Nebraska is another Midwestern institution which, on the strength of a contract for Federal support, recently initiated a program. This program was approved on July 1, 1972, with the understanding that the term of support was seven years. Again, students were enrolled and faculty and staff members were employed. Now, with the prospect of curtailed support, the university is attempting to secure some support to maintain the core of the program. There is no certainty that necessary funds will be forthcoming in this period of competition for scare university resources. Even if it is, it will be at a vastly reduced level and at a severe cost to the programs for older people in that State and Region.

In Utah a consortium of five universities, including Utah State, Weber State College, the University of Utah, Brigham Young University, and Southern Utah State College, received a grant in June, 1972. The term of the contract for this program was five years, renewable year by year. It should be pointed out that years of planning and development of community interest had gone into the application which attracted this grant.

The Director of this program states that they are receiving excellent support from administrations and faculty members in all five of the institutions. They are not only providing training for 75 students, but are also moving rapidly in the direction of developing interdisciplinary research—research, in his words, "that is relevant to the goals and objectives of Congress and the Administration."

What will happen if Federal support for this program is discontinued? There is a distinct possibility that the program would have to be dropped.

The Director expressed another important concern. He finds himself spending most of his time trying to find funds for survival. He feels deeply committed to the students in graduate and undergraduate studies who are currently enrolled. He would like to utilize his time and energy in improving the educational program. Even if he achieves at least partial restoration of support, it will be fragmented and secured at tremendous cost to the momentum and to the future of this program.

This center has also been serving institutions of higher education in North Dakota, Montana, and Wyoming, and has been involved with some in Colorado. Reduction or curtailment of this program will have effects over this wide area.

The Director of the program of Federal City College in Washington, D.C., notes how important it is to the trainees to have their training in a college or university program. Members of that faculty conducted a survey, during the planning phase, which showed that in-service training of persons working with the elderly would best be offered if it included a possibility of earning undergraduate or graduate credits. Many black employees particularly expressed the need to have training count toward a degree. Many of the students in the current program at this college are now holding full-time paid or volunteer jobs while attempting to complete Association of Arts or Bachelor of Arts degree requirements. In a real sense, the regular Institute programs here could be considered as in-service training.

Without such an academic base, declares the Director of this program, in-service and short-term training would lose its attractiveness to the trainees, the trainers would be out of touch with development and research results in

gerontology, and there would be no base of staff and student support for planning and assisting community demonstration projects, outreach and technical assistance, as is now included in their program.

The Director goes on to state that it is almost certain that without Federal grants for program support this Institute will cease to exist. He calls for continuation, and even expansion, of Federal assistance.

I have dwelt largely on many of the newer programs. The older ones are also feeling the pinch in a crucial way. One of the oldest, the center at the University of South Florida at Tampa, is faced with the prospect of closing its doors at the end of this fiscal year. Many others, while not facing such a drastic fate as this, are going to have to make critical cuts in their programs. Virtually all report a stepped-up demand and a growing interest in aging.

I served for more than three years on the Administration on Aging's original Advisory Committee on Training. As a committee, we passed on applications for the earlier grants in gerontology. From this experience I know what an underdeveloped field in higher education gerontology was in 1965. Without the stimulation of Federal grants, many of these programs would not even exist today and few would have anything like the scope and quality that they now provide. If we lose the gains that we have made in education in aging, if we allow the structure of education to be seriously weakened, we face the dismal prospect of a long period of rebuilding in the future, even to regain lost capacity. Meanwhile the demands on the field will be increasing.

A case in point is the program in which I am employed. Both at the University of Michigan and at Wayne State University, training funds have enabled us to develop and to improve degree programs in a number of disciplines. These funds have enabled us to build a curriculum in gerontology which permits graduate and undergraduate students to focus on the particular conditions and problems of older people, and the effects of the process of aging on the lives of all of us. Our enrollment of full time graduate students at Michigan committed to gerontology has increased from 20 in 1970–71 to more than 100 in the current year. Applications for admission to the courses of study in the various disciplines are increasing. In addition, we have conducted an extensive program of both long and short-term non-degree training for persons seeking training in particular skills, and we have been able to engage in research in a number of areas pertinent to aging and the aged.

I'll not go so far as to say that we will go out of business as the result of this contemplated action of the Administration, since as one of the older institutes we have developed funding from other public as well as private sources. But I can tell you that we shall have to cut back on what we can provide students, and we shall have to reduce the number of students served. I would say that in our instance, as with other of the comparatively "older" centers, the difference is one of degree of deprivation rather than of kind.

I realize that the purpose of the Older Americans Act and of training funds appropriated under that Act is not to maintain an educational system; but the maintenance and development of an educational resource is vital to the prospect of successfully carrying out the intent of the Older Americans Act. The case can be summarized as follows:

1. There is a distinct national interest in supporting ongoing higher education in gerontology.
2. This interest will be served best by Federal support for both long-term education in degree programs and short-term training in colleges and universities.
3. It is necessary to have a continuing institutional structure for the provision of education and training. Student support to provide a market system for education is utterly meaningless unless there is a marketplace available to them.
4. Reducing the capacity for training in the universities at the very time that the National Government is increasing its support of services and programs to the elderly seems highly inconsistent with National purpose.

I hope that all necessary steps will be taken to insure the intended use of funds appropriated for training. The institutions represented here are ready and willing to make the best possible use of this support, to meet the manpower needs of the field, and to continue to give their attention to the development of better and more effective means of training.

As centers of gerontology began to develop a comparatively short time ago, there was relatively little knowledge in many aspects of gerontology. There was not enough knowledge of aging as both a product of time and as a process shared by all people. There was little knowledge of the nature of the environmental support system. The standard cliche that we are "a youth oriented culture" was

dramatically true and to a large extent still is. Our health care system is primarily designed for the acutely ill. The nature of the environmental support system is similarly much better designed for the needs of the younger people than for elders. The transportation system and access to services, the design of dwelling units, the pattern of housing development, are related primarily and basically to the life styles of younger, more vigorous adults and their children. We are just beginning to develop some answers to the need to adapt many features of our society so that they make appropriate demands on the capacities of the elderly. We are discovering significantly, the fact that the elderly, for all of their declining physical capacities, are capable of continuing to make a rich contribution to society if opportunities are afforded them. We need now more than ever to continue the efforts of our universities and colleges to provide more information, through well designed research, to work with community agencies in both developing and using information about aging, and to train people who are capable of effectively administering, coordinating, and directly providing human services for the elderly.

Mr. BRADEMAS. Thank you, gentlemen, for very thoughtful statements which I think you have already observed have won very broad support in the Senate Committee on Aging. I am sure, at least speaking for myself, that you will find a sympathetic attitude toward the points you have made here on the part of members of this subcommittee.

I wonder, Mr. Beattie, if you could comment on how your own institution would likely be affected given the absence of long-term training grants and how supportive will the short-term or in-service grants that you might receive be?

Mr. BEATTIE. Yes, sir, we have funding for short-term training through the Administration on Aging. We will be dealing with the training of area agency staff and developing a long-range plan for State and Federal persons in this area. We are very pleased with this opportunity. We do not feel, however, that we could provide this without the broader support throughout the entire university.

Our program is to build the university to aging and not to build a center just for aging isolated from the university. Without the funding, while we will continue to exist through commitments of our university, such commitments are being competed for with the older, more traditional schools which are also facing Federal policies of cutback in degree programs, as I am sure you are aware.

So aging is the most vulnerable of all the programs, and our program, as I indicated, began only 1½ years ago. Because we serve the region, we are very highly involved in the delivery programs. We find our students are quite involved in title VII and the emerging area agency programs. We see this being withdrawn if support to the students is withdrawn. We see a very critical question as to how we can build what we think has to be a long-range commitment in the university through what was to us to have been at least a 5-year commitment on the part of the Federal Government.

Mr. BRADEMAS. Mr. Vasey, perhaps you could give us your generalization on the future of gerontology and aging programs in the United States generally if the administration is successful in terminating all support for long-term training of programs?

Mr. VASEY. I think that the loss of this structure, this loss of this academic base for providing training, education, and research, if it is demolished now, it will require a long time to rebuild. I think it is going to be a serious loss to the content, it is going to stop progress in aging, it is going to cut out development just at a critical time in history and I think it is a very, very grave outlook.

Mr. BRADEMAS. I must say, as both of you may be aware, that members of this subcommittee were mightily and favorably impressed by a visit we paid to one of your sister institutions, the Ethel Percy Andrews Center of Gerontology at the University of Southern California, where we conducted a full day of hearings in order to get from both faculty and students some picture of what that center was doing in the field of both training and research in training and gerontology. It was one of the most exciting and substantive days our committee spent in dealing with this program.

I would be most distressed to see that we would not only be not expanding the number and quality of such centers but that, with the kind of cutoff of long-term training moneys being proposed by the administration, that we would be retreating from that enormously valuable work. So I am very grateful to both of you for having come and given us the benefit of your testimony on this important issue.

The committee is adjourned subject to the call of the Chair.

[The material for the record follows:]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
OFFICE OF THE SECRETARY,
Washington, D.C., January 3, 1974.

HON. JOHN BRADEMAS,
Chairman, House Select Subcommittee on Education, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: Enclosed per your request are three charts showing past, current and proposed relationships between the Commissioner on Aging and the Regional Offices of the Department of Health, Education, and Welfare. Regional Offices have not been given any delegation to act under Section 308 of Title III, Title IV and the 1% evaluation funds.

The charts are composed of a standard organization chart depicting normal organizational relationships of the units involved, upon which a colored line has been superimposed to show the relationships under delegations of authority to act.

I trust these charts will be helpful in clarifying our proposed delegations. We shall be happy to provide any further clarifications as required.

Sincerely,

STANLEY B. THOMAS,
Assistant Secretary for Human Development.

Enclosures.

Relationship of Commissioner on Aging to HEW Regional Offices prior to August 22, 1973

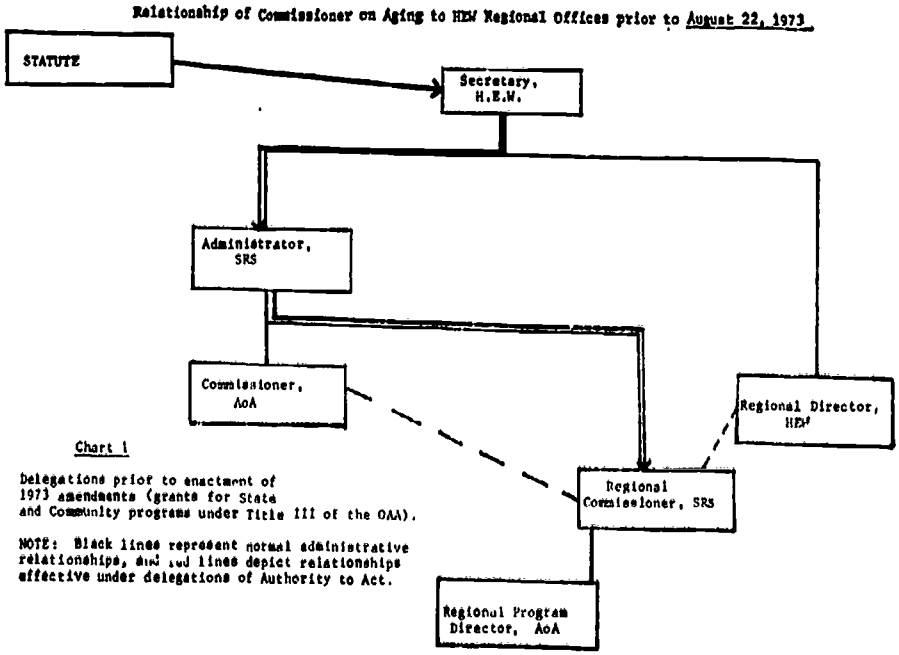

Chart 1

Delegations prior to enactment of 1973 amendments (grants for State and Community programs under Title III of the OAA).

NOTE: Black lines represent normal administrative relationships, and red lines depict relationships effective under delegations of Authority to Act.

Relationship of Commissioner on Aging to HEW Regional Offices after August 22, 1973 with respect only to delegation under Titles III and VII

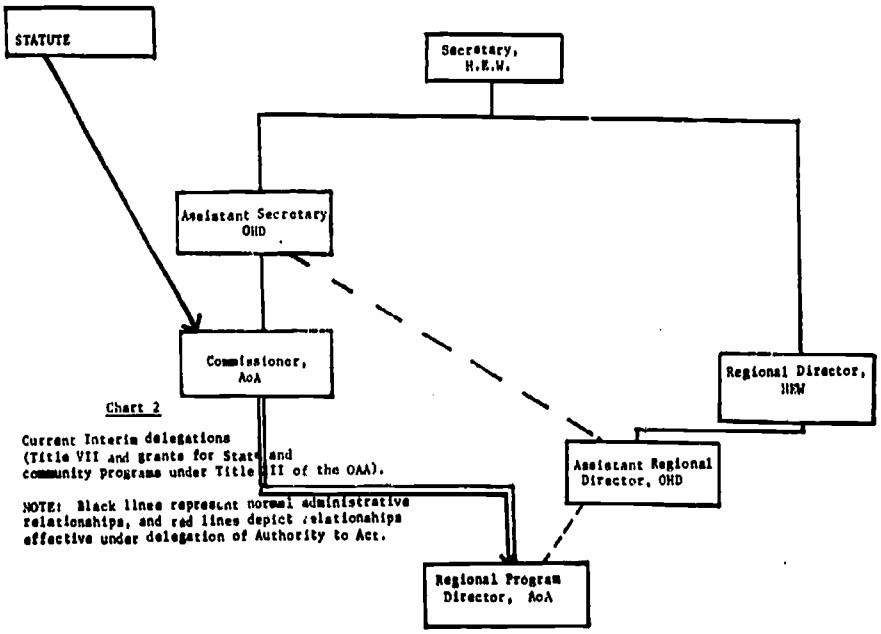

Chart 2

Current Interim delegations (Title VII and grants for State and community Programs under Title III of the OAA).

NOTE: Black lines represent normal administrative relationships, and red lines depict relationships effective under delegation of Authority to Act.

Proposed relationship of Commissioner on Aging to HEW Regional Offices with respect only to delegation under Titles III and VII

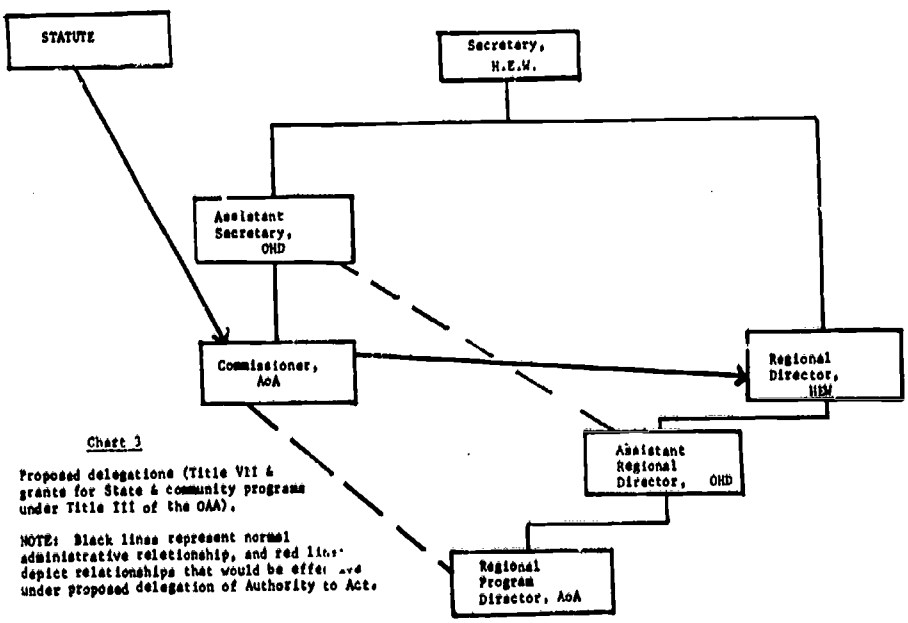

Chart 3

Proposed delegations (Title VII & grants for State & community programs under Title III of the OAA).

NOTE: Black lines represent normal administrative relationship, and red lines depict relationships that would be effected under proposed delegation of Authority to Act.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
OFFICE OF THE SECRETARY,
Washington, D.C., February 19, 1974.

HON. JOHN BRADEMAS,
Chairman, House Select Subcommittee on Education, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: At your hearing on December 4 relative to the proposed delegation of authorities to act to Regional Directors of the Department of Health, Education, and Welfare you asked for biographical information about HEW Regional Directors, HEW Assistant Regional Directors for Human Development, and HEW Regional Program Directors on Aging.

In accord with your request, I am enclosing this information for inclusion in the record of the hearing.

Very sincerely and cordially yours,

ARTHUR S. FLEMMING,
Commissioner on Aging.

Enclosures.

HEW REGIONAL DIRECTORS

BERNICE L. BERNSTEIN, REGIONAL DIRECTOR, REGION II, U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Bernice L. Bernstein has served as regional director of the U.S. Department of Health, Education, and Welfare since January, 1966. The region includes the States of New York and New Jersey and also Puerto Rico and the Virgin Islands, comprising about 30 million people.

She is the Secretary's representative for the region. In this capacity, she is responsible for providing leadership, coordination, general administrative supervision, and evaluation of department-wide programs in the region, as well as the programs administered through the Health Services and Mental Health Administration, Social Security Administration, Office of Education, Social and Rehabilitation Service, the Office of Child Development, and the Food and Drug Administration.

Prior to her current appointment, Mrs. Bernstein was regional attorney in the New York regional office from 1947–65. During this time, she was honored with the Department's Distinguished Service Award in 1963.

From 1933 to 1947, Mrs. Bernstein served in Washington. Her principal posts there were: assistant solicitor of the U.S. Department of Labor (1945–47), associate general counsel of the War Manpower Commission (1942–45), and assistant general counsel of the Federal Security Agency (1938–42).

Mrs. Bernstein received her law degree at the University of Wisconsin Law School in 1932, and her bachelor's degree at the university two years earlier.

A Midwesterner, she was born the daughter of Charles and Fanny Lotwin (both now deceased) in Menomonie, Wisc., on November 26, 1908.

Mrs. Bernstein lives in Great Neck, L.I., and is married to Bernard Bernstein, who practices law in New York City. She has three grown daughters.

May 12, 1972.

GORHAM L. BLACK, JR., REGIONAL DIRECTOR, REGION III, U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Gorham L. Black, Jr., as the Secretary's representative, provides leadership, coordination, evaluation, and general administrative supervision to the Department's regional activities.

It is his duty to keep currently informed on major developments in the health, education, and welfare fields, nationally as well as within the jurisdictions serviced by the region. Carrying out his duties, the Regional Director necessarily must maintain close relationships with Governors and other key officials of the states and local governments, and with top officials of the Department's central office.

Prior to coming to the Department of Health, Education, and Welfare, he was a vice president of the Community and School Food Services Division for ARA Services, Inc., Philadelphia, Pennsylvania.

During a 27 year Army career he rose from private to colonel. Mr. Black served as Chief of the Personnel Services Division for the Deputy Chief of Staff of Personnel at the Pentagon. He was responsible for policies and procedures affect-

ing world-wide morale, welfare of servicemen and their dependents and the $40 million Army welfare fund. He was also chief of the U.S. Military Mission to Liberia, taught military science and trained inductees. He is a veteran of World War II and the Korean War.

Mr. and Mrs. Black have three grown children; a married daughter who lives in Buffalo, N.Y., and two sons. Both sons are regular officers in the U.S. Army.

Upon his retirement, he was awarded the Legion of Merit Medal, one of the Army's highest awards issued upon authority of the President. He was also awarded the Bronze Star and a Purple Heart.

A native of Chicago, Black left Howard University in 1941 to join the Army Air Corps. He earned his degree 19 years later under Operation Bootstrap at the University of Omaha.

Mr. Black is vitally interested in community affairs. He has served as Chairman of the Board of Directors of the Philadelphia Model Cities, Community Foundation; a board member of the Philadelphia Urban Coalition; board member of the Philadelphia Tribune Charities, Inc.; a former Chairman of the Economic Development and Employment Committee; Philadelphia Urban League; a member of the American Society of Personnel Administration; the Crime Commission of Philadelphia; Interested Negroes, Inc.; the Rotary Club; the Locust Club; the Philadelphia Fellowship Commission; the Howard University Alumni Club; Kappa Alpha Psi, Fraternity, and many other civic and social service organizations.

Frank J. Groschelle; BS, MA, LHD

Frank J. Groschelle, a native of Kentucky, is Regional Director of Region IV, U.S. Department of Health, Education, and Welfare with headquarters in Atlanta. He is responsible for all HEW programs in Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.

Frank Groschelle was educated in the public schools of Somerset, Kentucky and received his Bachelor of Science degree from Western Kentucky University at Bowling Green. He earned a Master of Arts degree from the University of Nebraska at Lincoln. In January 1971, for "achievements in government service, outstanding leadership in civic, educational, and religious affairs, and distinguished service to his fellow man through special responsibilities in Appalachia," he was awarded the Honorary Doctor of Humane Letters degree at Union College (Kentucky).

Dr. Groschelle was a Platoon Leader, and later Company Commander, with an armored division in Korea. Between 1959 and 1962, he was a guest lecturer at Choong Nam Provincial University and Taejon College. He also served as Director of the Korea Christian Academy.

The Regional Director went from Korea to Ohio as Assistant Director of Regional Studies, Tri-County Planning Commission at Akron. From 1963 to 1965, he was Assistant Director of Planning for the State of Ohio and was also the Ohio Representative to the Appalachian Regional Commission. He became the State's Director of Planning in 1965 and remained in that position until his return to his native Kentucky.

Prior to joining HEW, Dr. Groschelle was Administrator of the Kentucky Program Development Office for three years, and simultaneously, was a Special Assistant to the Governor of the Commonwealth.

Dr. Groschelle's career has spanned the working levels of local, state, and Federal government. His public service has been highlighted with many contributions, including his writings and publications, all directed to improving the quality and efficiency of government.

Biography of Richard E. Friedman

Born, December 10, 1929, Chicago, Illinois.

Attended Chicago Public Grammar Schools; graduated from Harvard School for Boys, Chicago, Illinois, 1947; graduated from Grinnell College, Grinnell, Iowa, 1947, A.B. degree with Honors in Economics.

First Lt. in United States Air Force from 1951–1953.

Graduated from Northwestern University Law School, 1955, J.D.

Partner in the Law Firm, Goldberg, Levinson, Komie and Friedman, Chicago, Illinois, 1959–1964.

1962, was Democratic Candidate, U.S. Congress, Fourth Congressional District, Illinois.

Administrative Assistant to Illinois State Treasurer, Joseph D. Lohman, 1959–1961.

Special Assistant to the Attorney General, State of Illinois, 1961 (Legislative liaison, organized Consumer Fraud Bureau).

1964–1969, First Assistant Attorney General, State of Illinois.

1969, appointed Special Federal Commissioner, U.S. District Court, Northern District of Illinois, to hear Chicago Ward Re-apportionment case, 1969.

1969–1970, Executive Director, Better Government Association, Chicago, Illinois.

1971, Republican Candidate for Mayor, City of Chicago.

BIOGRAPHICAL DATA OF HOWARD D. MCMAHAN

Address: 5708 Wonder Drive, Ft. Worth, Texas 76133.
Home Phone: (817) 292–3880.
Office Phone (Dallas): (214) 749–3396.
Date of Birth: July 11, 1930.
Wife: Myrtle.
Children: Deborah, 16; Brenda, 14; Michael, 11.

PROFESSIONAL BACKGROUND

Regional Director, Region VI, Department of Health, Education and Welfare, Suite 904, 1114 Commerce, Dallas, Texas 75202.

The Regional Director is responsible for the overall administration of all programs of the Department and the supervision and coordination of 3,000 employees throughout this Region of five states—Arkansas, Louisiana, New Mexico, Oklahoma and Texas. The Regional Director is the representative in the Region of the Secretary of HEW, and has general administrative supervision over the distribution and monitoring of use of $4.5 billion in the five-state area.

Chairman, Southwest Federal Regional Council—Appointed by President Nixon February 10, 1972 (additional duty to Regional Directorship, HEW).

Regional Councils are interdepartmental groups comprised of the department heads of the 7 major domestic grant making agencies in each of the 10 federal regions. The councils have been established to coordinate programs that cross departmental lines and to plan intergovernmental policy and programs for more efficiency and better service to the public. The councils work with state and local general purpose governments. Chairman McMahan, serving at the pleasure of the President in conjunction with his regular position as HEW Regional Director, directs a full-time interdepartmental staff in the council's day-to-day operation.

City Manager, Fort Worth, Texas—Appointed by City Council May 1, 1967—Resigned March 5, 1971 to accept position of Regional Director, HEW, effective March 15, 1971.

The City Manager of Fort Worth is the chief administrative officer of the City. He supervises approximately 3,800 employees and is responsible, under the direction of the City Council, for the preparation and administration of an annual budget of over $60,000,000.

January 1966–May 1967—Director of Finance, Ft. Worth, Texas

The Director of Finance is the Chief Fiscal officer of the City of Ft. Worth and reports directly to the City Manager. Special assignments as Finance Director included the preparation of the five-year Capital Improvement Program, preparation of an analysis of Fort Worth's economy that was partially responsible for the upgrading of the City's credit rating from "A" to "Aa" by Moody's Investor Service, and the supervision of land acquisition for the Regional Airport.

June 1962–January 1966—City Manager, Littleton, Colorado

The City of Littleton is a suburb of Denver with a population of approximately 20,000.

November 1959–June 1962—Director of Finance and Record, Boulder, Colorado

The Director of Finance is responsible for the overall financial administration of the City of Boulder, the custodian of all official city records and serves as clerk of the City Council.

October 1956–October 1959—Research and Budget Department, Kansas City, Missouri

The Research and Budget Department of Kansas City is responsible, under the supervision of the City Manager, for the preparation and administration of the City's budget. Department Director at time of resignation.

June 1953–September 1954, Ass't. City Manager, University City, Missouri

University City is a suburb of St. Louis with a population of 60,000.

September 1954–September 1956—Enlisted man, U.S. Army

EDUCATION

Bachelor of Arts, with highest honors, 1952; Geneva College, Beaver Falls, Pa.
Master of Public Administration, 1955; University of Kansas, Lawrence, Kansas

MEMBERSHIPS

Texas Advisory Commission on Intergovernmental Relations (appointed by Governor)—1971; Resource member of the Texas Urban Development Commission—1970-71; International City Manager's Association; Municipal Finance Officers Association.

PUBLICATIONS

Numerous articles on City administration in *Colorado Municipalities Magazine* and *American City Magazine.*

RÉSUMÉ—MAX MILO MILES

In March 1970, Max Milo Mills was appointed to the position of Regional Director, Department of Health, Education, and Welfare.

After graduating from the University of Chicago with a degree in International Relations, Mr. Mills enlisted in the U.S. Marine Corps as a private and engaged in campaigns in the South Pacific and Orient. He served a tour of special duty in Russia. During the war, Mr. Mills was awarded two Purple Hearts and was decorated for valor as a combat officer. He now holds the rank of Major, U.S. Marine Corps Reserve.

In addition to his college work at the University of Chicago, Mills attended Northwestern University, Washington University and Iowa State University. He graduated with honors from Drake University Law School with the degree of Juris Doctor.

Mr. Mills has served in a number of public positions, including District Attorney, State Senator, Chief of Staff to the Governor of Iowa, Executive Director of the Iowa Crime Commission, and a Carnegie Foundation consultant in Federal-State relations.

Mr. Mills is also a business executive serving as an officer or board member of several corporations. He has long been associated with various youth organizations, and is an Eagle Scout. He is married and the father of three children.

Mr. Mills' offices are located in Kansas City, and administers H.E.W. programs in the states of Iowa, Nebraska, Kansas, and Missouri.

DR. RULON R. GARFIELD, DIRECTOR, REGION VIII, U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE (COLORADO, MONTANA, NORTH DAKOTA, SOUTH DAKOTA, UTAH, WYOMING)

DUTIES

He is responsible for carrying out the Department's policies and facilitating the overall administration of the Department's programs in the region. Department of Health, Education, and Welfare Region VIII has a total annual outlay of $1.2 billion.

Dr. Garfield administers programs for: the Office of Education including Higher Education, Educational Research, Adult Vocational and Technical Education, and School Systems; Social and Rehabilitation Service including Youth Development and Delinquency Prevention, Community Services, Rehabilitation Services, Medical Services, Assistance Payments, and Aging Services; Public Health Service including Health Services and Mental Health Administration,

National Institutes of Health, and Food and Drug Administration; and Social Security Administration which includes District Office Operations, Health Insurance, Disability Insurance, and Hearings and Appeals.

In addition: Office of Surplus Property Utilization, Office of Civil Rights, Audit Agency, Office of Facilities Engineering and Construction, Office of Child Development, Regional Council, and Model Cities Program. Also part of the staff are: Assistant Regional Director for Intergovernmental and Community Affairs, Public Information, and Planning and Evaluation; Financial Management, Personnel, and Office and Community Services.

PRIOR EXPERIENCE

President of Rulon R. Garfield and Associates; Independent Educational Evaluators, Inc.; and Davis Systems, which provided educational consultation, evaluation, and managerial analyses to colleges, universities, state departments of education, and school districts in the states of Colorado, Idaho, Nevada, Utah, Washington, Wyoming, and the Territory of Guam.

Utah State Senator representing Weber County (Ogden and environs). He served on Appropriations, Education, Agriculture and Natural Resources, and Judiciary Committees and on a Special Study Committee on Drug Abuse.

Instructor and lecturer in Utah at Weber State College, Ogden; Brigham Young University, Provo; and the University of Utah, Salt Lake City. The courses taught were in the general area of political science and education.

Director of Educational Services of the Board of Education in Ogden and principal and teacher in the Ogden City Schools.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
OFFICE OF THE REGIONAL DIRECTOR,
January 13, 1972.

Health, Education, and Welfare Secretary Elliot L. Richardson today announced the appointment of Fernando E. C. DeBaca, 33, as HEW's Regional Director for Region IX headquarters in San Francisco. He will assume his duties Monday, January 17.

DeBaca, who for the past year has been director of President Nixon's 16-Point Program for Spanish-Speaking Americans with the U.S. Civil Service Commission in Washington, D.C., will have responsibility for all HEW programs in California, Arizona, Nevada, Hawaii, Guam, American Samoa and the Pacific Trust Territories.

Secretary Richardson said he is pleased that DeBaca has accepted this appointment, coming to HEW with a solid background in government and public administration.

"'Our Department's regional operations will be the focal point of many important programs of the future—programs in health, education, and welfare that touch nearly every resident of the country," the Secretary said. "Mr. DeBaca will play an important role in these activities."

DeBaca is a native of Albuquerque, New Mexico. He received his AB degree in public administration from the University of New Mexico. He also has done graduate work at the University of New Mexico and University of Maryland.

Prior to coming to Washington a year ago, DeBaca was Commissioner of the New Mexico State Department of Motor Vehicles; military service with the U.S. Army Intelligence; district supervisor in Albuquerque for the Office of Economic Opportunity; assistant New Mexico State Personnel Director; and State Regional Tax Director.

He is married to the former Della Sanchez, a Public Health nurse, of Santa Fe, New Mexico. The couple has three children.

DeBaca succeeds Robert Coop, who left the Department for private industry after two years in the post.

BERNARD E. KELLY, REGIONAL DIRECTOR, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, REGION X, SEATTLE, WASH.

Bernard Kelly is a native of Thurmont, Maryland.

He received a B.A. degree in psychology from Western Maryland College and did graduate work in psychology, personnel administration, and labor relations at George Washington University.

He completed a two-year tour of duty with the Coast Guard, 1951–1953, and presently holds the rank of Commander in the Coast Guard Reserve.

In 1955 he joined the Maryland Department of Education as a vocational rehabilitation counselor. A year later he initiated and operated a specialized counseling program for blind persons in Western Maryland District.

In 1962 he joined the Department of Health, Education, and Welfare, assigned to the Vocational Rehabilitation Administration where he managed the Institute on Rehabilitation Services, a continuing seminar of officials of all State Rehabilitation Agencies.

During the development of the Medicare program, he was appointed to the post of Assistant to the Chief, Home Health Services Branch, Public Health Service, responsible for regional liaison in the implementation of Medicare in the Southeastern States.

In 1967 he became Regional Coordinator for the Bureau of Health Services, U.S. Public Health Service, and was later assigned to the staff of the Administrator Health Services and Mental Health Administration. He developed an assessment of the impact of the Partnership for Health Legislation and prepared legislative proposals for renewal of that Act.

He became Assistant Regional Director, DHEW, Region III, Charlottesville, Virginia, in November 1968. In 1969 he was detailed to the Office of the Secretary to plan relocation of HEW regional offices, incident to the Presidential Executive Order which reorganized regional operations of the Federal domestic departments.

He became Regional Director, Region X, in November of 1969.

Shortly after the formation of Region X, he became the first chairman of the Northwest Federal Regional Council which is made up of the Regional Directors of the major Federal Human Resources Agencies in Seattle . . . and is presently its Vice Chairman.

He has been appointed by President Nixon to be a member of the Intergovernmental Personnel Board, which is Consultant to the U.S. Civil Service Commission.

He has also been appointed by the President as a member of the Columbia River Basin Commission.

HEW ASSISTANT REGIONAL DIRECTORS FOR HUMAN DEVELOPMENT

Mrs. Rheable M. Edwards

Mrs. Rheable M. Edwards of Boston, Mass. was appointed Assistant Regional Director for the Office of Child Development in the U.S. Department of Health, Education and Welfare (HEW), Region I, in September 1969.

Prior to her Federal appointment Mrs. Edwards directed the Head Start Program for Action for Boston Community Development (ABCD). She joined ABCD in 1963 and made a major contribution to developing Boston's Community Action program. In 1965 she coordinated the planning and development of Boston's Head Start program assuming full responsibility for the social service design. Upon Federal approval of the program she became its first director.

In that post she coordinated and administered the planning and implementation of a city-wide full-year and Summer Head Start program for Boston serving approximately 2100 children and 3000 parents. A total of 451 persons are employed in a complex, decentralized administrative structure.

In March, 1969, Mrs. Edwards was the only Head Start director in the country appointed to the national 24-member committee to advise HEW Secretary Robert H. Finch about where Head Start should be located within the Department. Subsequently, she was invited to testify about the program before the Committee on Education and Labor of the U.S. House of Representatives.

Her educational background includes an A.B. Degree with a major in Social Science from Philander Smith College, Little Rock, Arkansas, graduating cum laude; an M.A. Degree in English from Atlanta University, Atlanta, Georgia, and a M.S. in Social Science from the Boston University School of Social Work, with a community organization specialty.

Mrs. Edwards' professional experience encompasses the areas of social work, planning, administration and teaching. Prior to joining ABCD she was director of the Mass. Society for Social Health, administrative assistant in management for the Boston Housing Authority and community organization specialist for the Boston Parks and Recreation Commission. She has taught school on the primary, secondary and college levels.

She is a member of the National Association of Social Workers, Academy of Certified Social Workers, Adult Education Association and the Mass. Conference on Social Welfare. Formerly she held office in the Boston Branch NAACP, United Negro College Fund, the Greater Boston Council of Girl Scouts, Inc. and the Greater Boston Intergroup Relations Council. She has also served as a Board member of the Boston YWCA, Family Service Association of Greater Boston and worked with several other Civic groups. A favorite activity was leader of a Senior Girl Scout Troop.

Biographical Sketch—William A. Crunk

Mr. Crunk was appointed Asisstant Regional Director, Office of Human Development, Region III, Philadelphia, Pennsylvania, in August 1973.

He first entered Federal service in 1963 as Associate Regional Representative in the Vocational Rehabilitation Administration. Upon the organization of the Social Rehabilitation Service, he was appointed Associate Regional Commissioner for the Rehabilitation Services Administration. Two years prior to his appointment in the Office of Human Development, he served as Deputy Regional Commissioner for the Social Rehabilitation Service.

Mr. Crunk came to Federal service from the position of Administrator of the Central Alabama Rehabilitation and Crippled Children's Clinic. Prior to this he was for 10 years District Supervisor, Division of Vocational Rehabilitation, and employed by the State Department of Education in Alabama.

Mr. Crunk is married and has two sons.

L. Bryant Tudor, BA, MA

L. Bryant Tudor is the Assistant Regional Director for the Office of Human Development, Region IV, U.S. Department of Health, Education and Welfare, with headquarters in Atlanta, Georgia. It is his responsibility to address the concept of human development, its priorities, concerns and problems as they relate to regional, state and local needs.

The scope of this responsibility includes the direction, coordination and management of regional programs of the Administration on Aging, Child Development and Youth Development, and coordinating regional activities concerning Indian programs, Mental Retardation and Rural Development.

Previous positions held by Mr. Tudor in HEW was the Assistant Regional Director for Planning and Evaluation and Special Assistant to the Regional Director. As Director of Planning it was his job to implement and operate a Regional Planning and Evaluation System for all regional HEW programs.

Prior to joining HEW, Mr. Tudor served as the Regional Director of the Southeast Tennessee Regional Planning Office, as a Community Planning Coordinator with the State of Georgia Planning Division, and as a Planning Coordinator with the Greenville Housing Authority.

Mr. Tudor attended high school in Raleigh, North Carolina. He received his B.A. Degree in Urban and Social Studies at East Carolina University and his M.A. Degree in Urban and Regional Planning at the Georgia Institute of Technology.

Biography of Philip A. Jarmack

On July 8, 1973, Philip A. Jarmack was appointed Assistant Regional Director for the Office of Human Development, Region V, Department of Health, Education, and Welfare, Chicago, Illinois.

Jarmack has been with the Regional Office of HEW since February 6, 1970, when he was appointed Assistant Regional Director for the Office of Child Development. On April 2, 1973, he was named Acting ARD for the Office of Human Development.

Prior to joining HEW, Jarmack was Associate Secretary of the National Conference of Catholic Charities from 1967 to 1969 in Washington, D.C., and worked as a Social Service Executive for a period of eight years in Buffalo, New York. In addition to his social services experience, he worked in refugee resettlement and international relief programs.

He served for more than two years on the National Committee on Public and Voluntary Relationships, Child Welfare League of America and on a national advisory committee to the Social and Rehabilitation Service (HEW) in development of the regulations of the Social Security Amendments of 1967.

In 1959, Jarmack received a Master's degree in Social Services from the State University of New York at Buffalo. He has authored articles and reports in areas of social service delivery and income maintenance systems.

He is married to M. Virginia Jarmack and resided in Grayslake, Illinois.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, REGION VI,
Dallas, Tex., August 16, 1973.

Tommy B. Sullivan has been appointed assistant regional director for the Office of Human Development, Department of Health, Education and Welfare, Dallas, Regional Director Howard D. McMahan announced today.

The Office of Human Development is a new HEW organization established on April 1 by Secretary Caspar W. Weinberger, who at the same time created the position of assistant secretary for human development. This post was taken by Stanley B. Thomas, formerly in charge of youth and student affairs for HEW.

The new regional Office of Human Development includes the Office of Child Development, Administration on Aging and the Office of Youth Development. It will be a unit of the Regional Director's office to administer human development programs as a central point of coordination for resources, services, programs and technical assistance in behalf of children, youth and aged in the Dallas Region. The office will work with state and local agencies and other organizations concerned with these services in this five-state Region comprised of Arkansas, Louisiana, New Mexico, Oklahoma and Texas.

"This new office is established as a central place, with the focal point at the Regional Director's office, and in turn, the Office of the Secretary, to represent the many human problems in which the administration and HEW have a special interest," McMahan said. "The new office should augment our responsiveness to human needs and improve the ways and means by which we deliver services to people."

Sullivan has been with the regional office of HEW since 1966, serving as regional program specialist in compensatory education, assistant director of urban and community education, and as assistant regional director for the Office of Child Development since 1969.

A U.S. Navy veteran, Sullivan received a B.S.E. from East Central State College, Ada, Oklahoma, and an M.S. degree in Industrial Education and Public School Administration from the University of Oklahoma.

Before joining HEW, Sullivan was director of compensatory education for the State Department of Education in Oklahoma, which Department he served for four years. He worked 15 years in the public schools of Oklahoma.

His wife, Betty, is a business teacher in the R. L. Turner High School in Carrollton, Texas. The Sullivans have four children—Michael, a senior at Southwest Texas State College; Patti, a junior at North Texas State University; Dick, a sophomore at Richland Junior College, and Scott, a senior at Lake Highlands High School. They reside in Dallas.

BIOGRAPHICAL SKETCH

Name: Tommy Sullivan, Assistant Director Urban and Community Education.

Date of Birth: August 26, 1925.

Place of Birth: Ada, Oklahoma.

Education: B.S. in Education from East Central, Ada, Oklahoma, Class of 1947; M.S. from University of Oklahoma, Public School Administration and Industrial Education, Class of 1953

Career: 1947–54—Teacher; 1954–58—Principal; 1958–62—Public School Superintendent; 1962–64—State Department of Education, Assistant Director for School Planning; 1964–66—Director of Compensatory Education for the State of Oklahoma; 1966–68—Program Officer for Compensatory Education, Region VII, Texas, Oklahoma, New Mexico, Arkansas and Louisiana; 1968–669—Assistant Director Urban and Community Education and assigned to Regional Director's Office as Coordinator of Technical Assistance for Model Cities; 1966—Served on Committee that reviewed Education Programs for "Big Cities", Dallas, Denver, Houston and New Orleans; 1967—Reviewed and recommended local projects for

approval in "Follow Through" Title I ESEA. (OEO supported, administered by HEW); 1968—Served on Committee for selection of "Central Cities" program. (Title III ESEA). Member of Ad Hoc Committee on ' ng Abuse. Responsible for review of ESE Component of "Model City" Projects; and 1969—Member of HEW Committee for Coordination of Community Child Care.

Family: Wife—Betty M. Jones, children—Mike, 18 years old; Patty, 17 years old; Dickey, 15 years old; Scott, 13 years old.

Residence: 9911 Edgecove, Dallas, Tex.; home telephone—341-0916.

REGION VII—KANSAS CITY

We are happy to have our Assistant Regional Director for the Office of Human Development on board effective September 30, 1973. Born in London, England, Henry Mudge-Lisk received his Bachelor's degree from the London School of Economics; attended Queens University in Ontario, Canada; and received his Master's degree from the University of Washington in Seattle.

Prior to joining the Region VII staff, Mr. Mudge-Lisk was the Assistant to the Director for Coordinated Program Decentralization, for the National Institutes of Health, Division of Manpower in Bethesda where he worked to develop and coordinate the Division's program decentralization among the ten HEW Regional Offices.

From 1961 to 1968 he worked for the Seattle-King County Public Health Department and the State Department of Health, both in Seattle. Mr. Mudge-Lisk had a family import-export business venture which involved a great deal of travel; he has also worked for the Consultate-General in London.

His wife, Benedikte, and six-year-old daughter Francess will be joining him in Kansas City.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
OFFICE OF HUMAN DEVELOPMENT,
REGION VIII,
Denver, Colo., August 30, 1973.

To.: Ms. Allene Brown, Office of Human Development, DHEW, Washington, D.C.
From: Assistant Regional Director.
Subject: Resume.

1. Enclosed is a copy of the news release issued when Mr. Thomas was here a few weeks ago and made the announcement of my appointment.

2. In addition, may I give you some more background information:

a. When Japan attacked Pearl Harbor on December 7, 1941, I was activated into the Hawaii Territorial Guard to defend the Hawaiian Islands. A month later I was discharged because I was of Japanese ancestry. Together with 300 other Americans of Japanese ancestry, we formed the Varsity Victory Volunteers Labor Battalion to prove our loyalty. This led to the creation of the 442nd Infantry Combat Team comprised of 5,000 Americans of Japanese ancestry who wanted to prove our loyalty in combat. We were sent to Italy and then to France where I was wounded, received the Purple Heart and Silver Star, sent home and then discharged.

b. I received my B.A. in Sociology at the University of Hawaii, and my M.S.W. at the University of Utah.

c. I am happily married. My wife is a team leader in an open classroom at the Cherry Hills School District. We have two sons, ages 19 and 20. Both are serving two-year missions for the Church of Jesus Christ of Latter-day Saints, one in Brazil and one in Japan.

d. I served as Mission President of the Japan Central Mission with headquarters in Kobe, Japan, for the Church of Jesus Christ of Latter-day Saints for three years, beginning in July 1968. During this period, I also served as Deputy Commissioner of the Mormon Pavilion at the International World's Fair at Osaka, Japan, in 1970.

3. I look forward to getting acquainted with my colleagues and establishing many new friendships.

EDWARD Y. OKAZAKI.

Enclosure.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
PUBLIC INFORMATION OFFICE,
Denver, Colo., August 2, 1973.

OKAZAKI NAMED HEW ASSISTANT REGIONAL DIRECTOR FOR HUMAN DEVELOPMENT

Edward Okazaki, 50, has been named Assistant Regional Director for Human Development for Region VIII, it was announced today by Stanley Thomas, Assistant Secretary for Human Development and Dr. Rulon R. Garfield, Region VIII Director of HEW.

Okasaki, who has more than 17 years of Federal Service, will assume his new duties on August 6, 1973. As Assistant Regional Director for Human Development, Okazaki will manage Region VIII programs of the Administration on Aging, Office of Child Development and the Office of Youth Development. He will also coordinate regional Federal activities involving Indian programs, mental retardation and rural development.

Okazaki is transferring to HEW from ACTION where he has coordinated the Older American Volunteer Programs. He was associated with HEW in Denver from 1966 to 1968 when he served as the Deputy Associate Commissioner on Aging. He has also served as Social Services Director for the Tri-County Health Department, Utah State Director on Aging and as a Probation and Parole Officer in Hawaii.

Okazaki resides in Denver.

BIOGRAPHY SKETCH OF C. BRUCE LEE, PH. D.

Dr. C. Bruce Lee, Assistant Regional Director for Human Development, Region IX was born in Buffalo, New York in 1921.

He completed his early education there. This included six (6) years at the Junior Education Department of the Buffalo Museum of Science from which he received both the silver medal and the gold pin for excellence in studies of the Natural Sciences.

Also, from the ages of 13–16 he did curatorical duties in taxonomy on the mollusk collections at the Buffalo Museum under the Director of the distinguished Curator, Imogene Robinson, eventually performing most of the accession activities on the collection of over 100,000 specimens.

He began his college career at the University of the State of New York, Buffalo. This was interrupted by service in the U.S. Army during World War II, where he was assigned to the Intelligence staff of the Army Air Corps.

Following military service he attended the University of Michigan receiving his B.S., M.S., and Ph.D. degrees in the life sciences. He also did additional graduate work at the Oak Ridge Institute for Nuclear Studies, University of Minnesota and Purdue.

Dr. Lee has served on the teaching staffs of the Universities of Michigan, California, Minnesota, and Detroit, and Wayne State University. He has done guest lecturing at the London School of Tropical Medicine and Hygiene dealing with his research on the microbiological deterioration of the missile components. For the latter he received the second highest civilian award from the Department of Defense; the Meritorious Service Medal.

Dr. Lee began his government career at the Department of Defense. He also worked at the Library of Congress as the Life Science Specialist to the Congress.

He served as the Chief, of Foreign Activities in the Bureau of Sport Fisheries and Wildlife at the Department of Interior. At that assignment he worked with the UNESCO Conference on the Biosphere; the planning for which required his services in Paris and London.

For several years he was the Executive Secretary to the Office of Grants & Management at the National Center for Urban and Industrial Health, and the National Institute on Alcoholism and Alcohol Abuse.

He came to San Francisco nearly two (2) years ago as Chief, of the Office of Grants Management, HSMHA, and October of this year assumed his present position. Dr. Lee's interests are the humanities, belles-lettres and music particularly the work of Delius, Mahler, and Bruckner.

Dr. Lee's professional societies are the APHA, the Society for Industrial Microbiology; with this he serves on the editorial and education committees.

He is also a member of Sigma Xi, Phi Sigma and Gamma Alpha, honorary scientific societies.

WILLIAM L. HAYDEN

Born: June 8, 1929, Leavenworth, Kansas.
Early Childhood Residence: Leavenworth, Kansas and Kansas City, Missouri.
Family Status: Married, wife—Barbara; 8 children.
Education: 1957 Graduate of Kansas University, BS—Business Administration, Majoring in accounting.
Professional Certificates: Certified Internal Auditor Received in June 1973.
Military: U.S. Air Force, June 1951–May 1952.
Professional Development: Started professional career as an Auditor Intern with the Department of the Army in 1957. (San Francisco Region, Army Audit Agency) Worked my way up to supervisor and spent three years (1963–1966) as Audit Supervisor in the European Region of USAAA. Subsequently was promoted to Managing Auditor of the Seattle Office in 1968. Joined DHEW in September of 1970 as Assistant Regional Audit Director, Region X.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
REGION X,
Seattle, Wash., July 25, 1973.

Bernard E. Kelly, Regional Director, HEW, Seattle, today announced the appointment of William L. Hayden as Assistant Regional Director for the Office of Human Development.

The Office of Human Development was recently created by Secretary Weinberger to consolidate a number of individual programs dealing with the most urgent of human needs, under a single administration.

Those programs which now comprise OHD are Mental Retardation, current HEW Programs for Youth and Student Affairs; Youth Development and Delinquency Prevention; the Administration on Aging; and the Office of Child Development.

Kelly, in announcing the appointment, said "Hayden is well qualified to carry out the assignment. He will be focusing on those areas of greatest need, and will direct and coordinate efforts on their behalf."

Hayden has been working closely with many of the programs he will soon be responsible for, as Assistant Regional Audit Director, since September of 1970.

He began his professional career as an Auditor Intern with the Department of the Army in San Francisco. He spent 3 years as Audit Supervisor in the European Region, Army Audit Agency, and came to Seattle in 1968 as their Managing Auditor.

Hayden is a 1957 graduate of Kansas University; he holds a B.S. Degree in Business Administration. He is a certified Internal Auditor. He served in the U.S. Air Force in 1951–1952.

He is married, has 8 children, and resides in Bellevue.

HEW REGIONAL PROGRAM DIRECTORS ON AGING

BIOGRAPHICAL SKETCH OF HAROLD S. GELDON, REGIONAL PROGRAM DIRECTOR ON AGING

Mr. Geldon entered Federal career service on November 7, 1946, with the Social Security Administration in Pine Bluff, Arkansas, as a Claims Assistant Trainee. While with the SSA he was promoted to the positions of: Claims Assistant; Field Assistant; Field Representative; Policy Consultant in the Baltimore Central Office; Assistant District Office Manager in San Antonio, Texas; District Office Manager in Lafayette, Louisiana; and District Office Manager in Amarillo, Texas. He transferred from this last position to Assistant Regional Representative, Administration on Aging, Dallas, Texas Regional Office in February 1966. He was promoted to Associate Regional Commissioner for Aging in April 1968, and became Regional Program Director on Aging with the placement of the Administration on Aging within the Office of Human Development.

A partial listing of Mr. Geldon's professional and community activities since his entrance into Federal service would include:

1. President, Acadian Chapter, Louisiana Association for Mental Health, Lafayette, Louisiana.
2. Vice President, Evangeline Federal Employees Credit Union, Lafayette, Louisiana.

3. Chairman, Work Improvement Committee, Region VII, Social Security Administration.
4. Chairman, Radio Sub-Committee, Region VII, Social Security Administration.
5. Director, on the Board of Directors, South Texas Society for Training Directors.
6. Recipient of cash award for organizing and participating in a group public information activity, Region VII, Social Security Administration.
7. Developed and moderated a series of programs on retirement and aging for the public at the Amarillo, Texas, YMCA, 1959.
8. Texas Society on Aging, Charter member.
9. Texas Society on Aging, Director, on the State Board of Directors.
10. Texas Society on Aging, Official Representative to the University of Michigan 14th Annual Conference on Aging, 1961.
11. Amarillo Rotary Club, Chairman, Committee on Aging, 1964.
12. Chairman, Special Study Group on Data on Aging, Potter-Randall Counties Citizens Committee on Aging, 1964.
13. Director, on the State Board of Directors, Texas Social Welfare Association.
14. President, Panhandle Chapter, Texas Social Welfare Association, Amarillo.
15. President, Amarillo Chapter, Texas Mental Health Association.
16. Director, on the State Board of Directors, Texas Mental Health Association.
17. Chairman, Administration and Management Committee, Region VII, Social Security Administration.
18. Membership in Civic organizations such as Junior Chamber of Commerce, Lions International, and Rotary. Activities included holding officer positions as well as chairmanships of various committees, fund drives, and periodicals.
19. Chairman, Southwest Regional Section on the Administration of Programs for the Older Adults, American Public Welfare Association.
20. Federal Executive Board, Member of Critical Urban Problems Committee, 1966–68.
21. Member, Gerontological Society.
22. Member, American Public Welfare Association.
23. Director, on the Board of Directors, Dallas Federal Credit Union, 1973–present.
24. Chairman, Regional Interagency Committee on Aging, Southwest Federal Regional Council, 1973–present.
25. Chairman, Ad Hoc Committee on Aging, Dallas Federal Business Association, 1972–1973.

Mr. Geldon was born July 13, 1921, in New York, New York. He graduated with a B.S. Degree, with a major in Sociology, from Oklahoma A. & M. College, Stillwater, Oklahoma, with Special Mention in his major field. He was in military service in World War II in the U.S. Navy (Seabees) and saw overseas duty in the Philippine Islands. After an honorable discharge he entered employment with the Oklahoma Department of Public Welfare, in Oklahoma City, as a Visitor. He resigned his positior there to enter Federal career service with the Social Security Administration.

Mr. Geldon is married to Marion Lee Little of Oklahoma City and they have two children, who are currently attending college in Texas.

Biographical Sketch of Eleonor Morris

Born: San Francisco, California.

Education: A.B. University of California, Berkeley; M.S.W. University of California, Berkeley; M.P.H. University of Pittsburgh.

1965 to Present—Regional Program Director, Administration on Aging, Region II, New York City. (Previously Regional Representative and Associate Regional Commissioner on Aging.)

Region II covers New York, New Jersey, Puerto Rico and the Virgin Islands with a total over sixty population of 4,204,000, 13.9% of the nation's elderly, with the greatest concentration, 1.4 million over sixty, in New York City. The many national voluntary agencies headquartered in New York City and the concentration of institutions of higher education are also part of the regional constituency. Regional Program Director has overall responsibility for work with State Agencies on Aging on the administration of Titles III and VII, for advocacy on behalf

of the elderly in other Federal programs in the region including chairing the Committee on Aging of the Federal Regional Council, as well as other Title II Regional responsibilities.

1951–1965—Medical Social Consultant, U.S. Public Health Service. 1960–1965—Medical Social Consultant in chronic diseases and health of the aged, Region II, New York City. Represented U.S. Public Health Service on the Field Service Committee of the National Assembly and the National Association of Social Workers on the American Heart Association Committee of Allied Health Professions and Council on Rheumatic Fever and Congenital Heart Disease. Developed and chaired a two-day workshop funded jointly by the American Heart Association, Heart Disease Control Program, Children's Bureau and Bureau of Family Services.

1953–1960—Heart Disease Control Program, Washington, D.C. Initiated the social work component of the National Heart Disease Control Program. Represented Public Health Service on three Department work groups preparing reports for the United Nations. With a member of the Heart Disease Control Program Advisory Committee prepared a report for the National Advisory Heart Council on social work training needs in the field. Represented the Public Health Service on several professional committees.

1951–1953—Tuberculosis Control Program.

1943–1951—American National Red Cross, Service to Military Hospitals.

1948–1951—Field Director and Case Supervisor, Madigan Army Hospital, Tacoma, Washington. Responsible for Red Cross Program in a 1,500 bed hospital serving members of the Armed Forces and their dependents and veterans (including a geriatric ward). Supervised staff of 24, plus 175 volunteers.

1946–1948—Educational leave.

1943–1946—European Theater of Operations. Headed Red Cross unit in an Army station hospital and an Army general hospital, spent last year in headquarters with responsibility for personnel assignments.

Professional Affiliations—Gerontological Society, American Public Health Association (Fellow), National Association of Social Workers, National Conference on Social Welfare, Council on Social Work Education.

Honors and Awards—Phi Beta Kappa and Commencement Speaker, University of California. SRS Award for Achievement in Equal Opportunity, In 1972.

Publications—Papers and articles on the health related social problems of older adults.

FACT SHEET OF JOHN A. PRICE, JR., ACSW

EMPLOYMENT

June 1970–1973

Regional Program Director on Aging, Office of Human Development, Department of Health, Education, and Welfare, Region III, Philadelphia, Pennsylvania.

Description of Work. Responsible for the planning, development, coordination, evaluation and administration of Aging programs in Region III. Directs a program staff of 10 professionals and 3 clerical. Establishes short and long range objectives for Older Americans.

Responsible for most effective use and coordination of Federal resources in Region III for Older Americans; administers Titles III and VII of Older Americans Act in Region III. Interprets DHEW objectives, policies, program regulations and procedures to Regional staff and State government.

January–May 1970

Chief, State Planning, Administration on Aging, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D.C.

Description of Work. Directed statewide planning and operations. Coordinated the development of policies, procedures, standards and guidelines in specialized areas of statewide planning, coordination and evaluation of opportunities, services and activities benefiting older Americans. Provided consultation, technical assistance and training related to planning to Regional Offices and States.

May 1966–December 1969

Assistant Regional Representatives, Aging Services, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Region III, Charlottesville, Virginia.

Description of Work. Maintained an overview of Aging programs and activities Advanced constructive action to improve educational, employment, health, housing, community involvement, rehabilitative and welfare programs for older adults. Initiated contacts with State agencies to provide guidance concerning administrative matters such as priorities, budgets and commission operations. Promoted State agency development of comprehensive planning, coordination and full utilization of services and resources affecting older adults with special emphasis in the model cities. Planned and conducted program and administrative workshops at Regional Office and in States, Reviewed project applications. As coordinator of citizen participation for SRS, developed a series of program development aides and promoted positive use of citizens, especially beneficiaries, on advisory committees and in support and direct services in agencies administering SRS programs.

1961–1966

Research Social Worker, Veterans Administration Regional Office, St. Petersburg, Florida.

Description of Work. Developed a psycho-social research program focused on aging veterans. Created schedules, scales and questionnaires for projects. Designed, coordinated, processed and analyzed data and wrote reports on research projects. Collected data by interview and observation on some projects personally but usually served as coordinator of projects utilizing social work staff at a number of V.A. offices, Consultant to social work trainees and other disciplines engaged in research. Editor of newsletter for Research Social Workers in V.A., 1966. Member of V.A. Central Office Social Work Research Study Group 1962–1966.

February–October 1961

Family Care Social Worker, Veterans Administration Hospital, Perry Point, Maryland.

Description of Work.—Was responsible for the development, supervision and coordination of the Family Care Program in Cecil County, Maryland and New Castle County, Delaware. Consultant to the ward social workers, psychiatrists, nurses and counseling psychologists during their work up of patients in preparation for the Half-Way Home Program and Foster placement. Evaluated homes, families and individuals interested in becoming sponsors in this program. Interpreted therapeutic needs of patients to community agencies and employers. Placed patients and coordinated their treatment in the community. Developed and directed group therapy sessions with employed patients in the V.A. rehab. program.

September 1959–February 1961

Clinical Social Worker, Veterans' Administration Hospital, Perry Point, Maryland.

Description of Work.—Worked directly with a psychiatrist on the acute and intensive treatment service most of the time. Patients were referred for evaluation of departure plans and family relationships and preparation for trial visit through the use of group and individual treatment methods. Was leader of three departure groups and one patient leader group. Coordinated the social work, vocational counseling, Day Care Center services and detail assignment in their departure from the Hospital. Was social work researcher of C.O. N.P. projects #5 and #6. Served as consultant to trainees for their research.

September 1958–September 1959

Family Care Social Worker, Veterans Hospital, Waco, Texas.

Description of Work.—Developed, supervised and coordinated the Family Care Program at that 2,040 bed NP hospital. Served as consultant to medical rehabilitation boards, ward social workers, psychiatrists, counseling psychologists and Voc. Rehab. and Ed. boards at the center. Made psycho-social evaluations of homes, families and individuals applying to care for patients in their homes. Interpreted therapeutic needs of patients and coordinated their departure planning with the Legal Division at the Center, Registrar and other significant individuals. Was on the research committee of that staff.

June 1956–September 1958

Clinical Social Worker; Veterans Administration Hospital, Waco, Texas.

Description of Work. Worked directly with a psychiatrist on the admission service. Responsible for the first part of the psychiatric exam, secured history information for treatment. Leader of a group where therapy was focused toward psycho-social reconstruction. Provided orientation of new staff to the acute and intensive service. Responsible for decisions concerning the patient's and their families preparation for trial visit, discharge or other rehabilitative plans.

PART-TIME POSITIONS

1971–1972. Interim Minister, Medford Farms Baptist Church, Vincentown, New Jersey.
1970–1971. Interim Minister, Delran Baptist Church, Delran, New Jersey.
1969–1970. Interim Minister, Calvary Baptist Church, Charlottesville, Va.
1968–1969. Interim Minister, Hillsboro Baptist Church, Crozet, Va.
1967–1968. Interim Minister, Calvary Baptist Church, Charlottesville, Va.
1966–1967. Interim Minister, Mount Ed Baptist Church, Batesville, Va.
1964–1965. Interim Minister, Azalea Baptist Church, St. Petersburg, Florida.
1962–1963. Minister, Lake Burrell Baptist Church, Tampa, Fla.
1959–1961. Minister, Trailer Village Baptist Chapel, Baltimore, Md.
1951–1955. Minister, New Hope Baptist Church, Franklinton, La.
1950–1953. Instructor, Union Baptist Seminary, New Orleans, La.
1949–1950. Minister, Oma Baptist Church, Oma, Miss.
1947–1948. Minister, Unity Baptist Church, Pascagoula, Miss.

EDUCATION

Attended: Roberts Wesleyan College, North Chill, New York, East Texas Baptist College, Marshall, Texas.

Degrees: Bachelor of Arts—Mississippi College, Clinton, Mississippi; Master of Religious Education—New Orleans Baptist Theological Seminary, New Orleans, La.; Bachelor of Divinity—New Orleans Baptist Theological Seminary, New Orleans, La.; Master of Social Work—Tulane University, New Orleans, La.

Work Toward Doctor Degrees: Baylor University, Waco, Texas; Southwestern Baptist Theological Seminary, Fort Worth, Texas; Catholic University, Washington, D.C.

PROFESSIONAL ACTIVITIES

President of the Graduate Student Body of School of Social Work, Tulane University, 1955–56.

Who's Who Among Colleges and Universities—Tulane, 1956.

Chairman of Statistical Group at Tulane Which Analyzed the Council of Social Work Education's Study of Group Work Agencies, 1955.

Chairman Research Council, Tampa Bay Chapter of National Association of Social Workers, 1965–66.

Southeastern Member of the Veterans Administration Social Work Research Study Group (meet several times annually), 1963–66.

Representative of the Members of the National Association of Social Workers in Florida (about 625 members) for Planning Post Graduate Institutes in the Southern Region of the U.S., 1964–66.

Secretary of the Board of Directors of the Neighborly Center—A Multi-Service Center for Mature Adults from Pinellas County, Fla., 1965–66.

Survey of Day Centers for the Aging while at Tulane, 1956.

Conference Leader at Human Relations Inst. in Texas, 1959.

Chairman of Committee on Mental Health Which Planned a Series of 13 T.V. Programs Using Local Community Leaders and Films at Waco, Texas, 1958–59.

Vice-Chairman Tampa Bay Chapter of the National Association of Social Workers, 1965–67.

PROFESSIONAL MEMBERSHIP

The National Association of Social Workers.
The Gerontology Society.
Academy of Certified Social Workers.

PAPERS PRESENTED ON RESEARCH PROJECTS

"Changing Modes of Social Work Practice With Veterans in the Community." This was selected as an example of research on social work practice by the National Association of Social Workers Research Council for presentation at the Tenth Anniversary Symposium on Social Work Practice and Knowledge in Atlantic City, N.J., May 22, 1965.

"The Family Life, Attitudes, Activities and Interests of Spanish American War Veterans in Florida." Presented at the Eighth Annual Neuropsychiatric Institute at the Veterans Administration Hospital, Coatesville, Pa., May 24, 1965.

"Spanish American War Veterans in Florida." Presented at the 18th Annual Meeting of the Gerontological Society, Los Angeles, November 11, 1965.

"Referral of Veterans Over 75 Years Old to Social Work Service of the Veterans Administration Regional Office, St. Petersburg, Florida." Presented at the 19th Annual Meeting of the Gerontological Society, New York City, November 1966.

Comprehensive report being prepared for publication on a 3-year study of 783 Spanish American War Veterans in Florida.

OTHER SIGNIFICANT PAPERS

"Programs for Older Adults," Department of Health, Education, and Welfare Social and Rehabilitation Service, Region III, 1968.

"Social Services Related to Safety of Older Adults," Department of Health, Education, and Welfare, Social and Rehabilitation Service, Region III, 1969.

Administrative and program consultant for churches 1963–1969 in Florida and Virginia which included comprehensive assessment of programs, delivery systems, resources and recommendations of methods (organizational and program) to more effectively meet the needs of people.

Trained and supervised corps of volunteer teachers and leaders in churches while minister or interim-minister.

Wrote or edited and published newsletters at most churches while minister or interim-minister. In some instances, trained volunteers to perform this operation.

Instructor (part-time) Union Baptist Theological Seminary (Negro), New Orleans, La., 1950–53.

Instructor (part-time) New Orleans Academy (private), New Orleans, La., 1952–53.

Survey and studies completed in relation to graduate studies:

a. Survey of Negro Baptist Churches in Metropolitan New Orleans, La., 1952.

b. County survey of Human and Economic Resources of St. Tammany Parish (County) La., 1951.

c. Rural community survey of resources in Oma, Miss., 1950.

Produced audiovisual presentations on a wide range of subjects for churches—included photography, tape recording, and coordinating these in presentation.

CLINTON W. HESS, REGIONAL PROGRAM DIRECTOR, AGING SERVICES, OFFICE OF HUMAN DEVELOPMENT, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, REGION VIII—DENVER, COLORADO

Born: June 30, 1921.

Service: U.S. Army Air Force—Pilot—1943–45.

Education: University of North Dakota—BA 1946.

Summary of Employment: a. High School Teacher—1946–48; b. Insurance (Life & Casualty) Sales—1948–50; c. State Official Farm Organization—1950–1964; d. Assistant Director—Agency for International Development (AID) Project—1964–66; e. Consultant to Administration on Aging DHEW—1966–68; and f. Present position—1968–present.

SPECIAL ASSIGNMENTS

Member, Advisory Committee, Institute of Agriculture, University of Minnesota.

Member, State Vocational Education Advisory Committee (Minnesota).

Member, Governor's Citizen Advisory Committee on Aging (Minnesota).

Delegate, 1961 White House Conference on Aging.

Paper presented—International Congress of Gerontology, Kiev, USSR 1972.

Supplemental Sheet 18–2

Was responsible to the Regional Commissioner of Social and Rehabilitation Service for the implementation of programs for older persons in Region VIII, and the furthering of SRS objectives. Included in my experience and responsibilities were:

A. ADVISORY

1. Serving as principal advisor to the Regional Commisisoner on all matters relating to programs for the aged which come within the scope of responsibility or interest of SRS.

2. Advising State Agencies on matters relating to the development, coordination, and implementation of aging programs.

3. Serving as a resource for and advisor to other public agencies and private organizations on aging interests and programs such as Denver Foster Grandparents, Pre-retirement Committee of the Denver Adult Education Council, and Metropolitan Council for Community Service.

4. Organized and chaired a Regional Council Task Force on Aging to serve as advisory group for Areawide Model program.

B. CONSULTATION

1. Representing the Regional Commissioner and the Administration on Aging on the Tourism, Recreation, and Retirement Committee of the Four Corners Commission, as well as representing DHEW Region VIII on the Commission proper.

2. Providing consultation through workshop participation at such meetings as Regional APWA.

3. Serving as consultant to State Aging Agencies on manpower needs and staffing, training of State and local program and administrative personnel, development of program and policy, administration of grant programs, evaluation of progress, publicity, Statewide planning of services, interpretation of regulations, and conduct of conferences.

4. Provided consultation to headquarters on the design of legislation to be introduced for amendments to the Older Americans Act.

5. Provided consultation to State Agency on the design and initiation of an innovative areawide program for Salt Lake City.

C. PROGRAM PLANNING

1. Working with University personnel in the evaluation and development of gerontological curriculum.

2. Planning with officials of National Council on the Aging and the American Association of Retired Persons relating private organization objectives to national priorities.

3. Arranging for and carrying major responsibility in conduct of inter-departmental State level meetings to encourage coordination of aging program efforts.

D. PROGRAM DEVELOPMENT

1. Working with SRS staff in development of overall Regional plan for achieving SRS objectives.

2. Cooperating with Regional SRS staff in working with other components of HEW, OEO, and HUD in developing broad programs in aging.

3. Promoting the initiation of aging activities in Wyoming, requiring conferring with Governor's staff, State Agency heads, State legislators, community leaders, and older persons themselves.

4. Joint planning and conduct of coordinating and informational meetings at the State level, involving all agencies and organizations with an interest in aging, such as Universities, public and private agencies, legislators, and county officials.

5. Establishing close relationship with members of State Aging Commissions (representing a cross-section of State leadership), to influence program development.

6. Working with community leaders in making special efforts to develop and implement Model Cities programs.

E. MANAGEMENT

1. The provision of direction and supervision to the staff of Aging Services which has at peak, consisted of four professional persons GS 7, 12, 12, and 13; two secretarial GS 4 and 6; and one GS 9 intern and one student trainee.

2. Reviewing State aging plans and budgets for compliance, and initiating negotiations when appropriate.

3. Maintaining overview of State Aging Agency fiscal operations and recommending approval of advance of funds when appropriate.

4. Reviewing program and fiscal audits, civil rights compliance reviews, and making recommendations for final actions.

F. TRAINING

1. Developing and conducting training programs on behalf of State Aging Agencies for the upgrading of program and management capabilities of project staff.
2. Cooperating with and assisting the National Council on the Aging in conduct of training programs for OEO personnel working with older persons.
3. Designed an innovative approach for the development of a training program for community leaders bringing together State Agency, Regional Office, University and lay personnel subsequently developed by Regional Office staff and funded.

G. PREPARATION OF EDUCATIONAL MATERIALS

1. Developing specific visual aides for encouraging understanding of program objectives among SRS staff.
2. Designing a services brochure to be used at a variety of levels in the developing of a greater awareness of aged service needs.
3. Writing and producing a video tape presentation for stimulating discussion on service programs at the community level.
4. Jointly developing with the Utah Council on Aging and the Aging Specialist of the Social Service Department, an Educational TV program produced at Logan for airing over the E–TV network, and, in addition, a Telelecture presentation to Utah Social Service staff.

H. RESEARCH

1. Researched available literature and prepared a paper on Geriatric Nutrition for delivery to North Dakota Dietetic Association.
2. In collaboration with Griffith Associates, prepared a research paper on "Prescribing Social Services and Activities for the Aged in Care Facilities Through A Programmed Mechanism" for presentation at the International Congress of Gerontology, Kiev, USSR.

I. EVALUATION

1. Named by the Regional Director to chair the Regional HEW FAST Task Force for review of grants programs and procedures.
2. Designed and implemented an intensive on-site evaluation instrument used nationally by State Agencies in evaluation of Title III AoA programs.
3. Directed the design of an evaluation procedure for Foster Grandparent Program, which was recognized by headquarters as the pattern to be followed nationally.

Supplemental Sheet 18–3

As a Specialist on Aging, with responsibilities in community organization and program planning for the Administration on Aging, Office of State and Community Services, I played a key role in the development of programs for older persons and in the administration of a new formula grant program of the Older Americans Act (P.L. 89–73), which within a period of about two years was implemented in 44 States, involving nearly 700 communities. Included in my responsibilities were the following:

A. ADVISORY

1. Represented the Administration on Aging on the Advisory group of Bibliography on Community Organization for the Department Library of D/HEW.
2. Served as an agency representative on such task forces as "Coordinated Services for the Aging," of D/HEW and "Interagency Task Force on Rural Health Pilot Projects" involving USDA and D/HEW.

B. CONSULTATION

1. Provided periodic consultation to Regional Aging offices and State Agencies on Aging in a variety of ways such as (a) presentation of a major address on programming of services for aging, (b) advising community organizations and groups on planning and development of programs and projects, and (c) reviewing program and fiscal policy at the State Agency level.
2. Provided continuous consultation, on a day-to-day basis, to the Regional Offices of AoA on both policy and program matters.
3. Represented the agency in joint meetings with OEO Regional and Central Office personnel and State Agency on Aging personnel in developing coordinated plans for providing comprehensive service to older persons in Appalachia.

C. MANAGEMENT

1. Prepared State Letters and SCS Memos for distribution to all related State Agencies and Regional Offices on program and policy matters.

2. Developed procedures for a systematic analysis of Title III projects under the Older Americans Act in order to measure not only fiscal compliance, but also program objectives and the plans of the grantees to meet those objectives of providing services for older persons. Working project by project on a day-to-day basis with the Regional Offices by phone and in person, the skills of the Regional staff were up-graded to the extent that they were able within approximately one year, to assume full responsibility for the final review and analysis of all projects. Up to that time, approximately 500 projects were reviewed, analyzed, and reported on.

3. Utilizing experience in local community organizations and activities, formulated and developed policy and procedures for implementation of Title III of the Older Americans Act.

4. Shared responsibility with the program management officer of OSCS in the joint development and publication of a "Guide for Grantee Accounting," to provide fiscal control of Title III projects regardless of the nature of the program.

D. PREPARATION OF REPORTS, MATERIALS, AND GUIDELINES

1. Developed and prepared for distribution, model projects of community services for the aging to be used nationally as guidelines for community development of senior citizen programs of activities and services.

2. Prepared initial layouts of promotional literature on aging programs for distribution by the Administration on Aging.

3. Prepared program and policy papers pertaining to Title III for inter-agency and intra-agency use, as well as for Congressional testimony and Congressional inquiries.

4. Developed detailed components for inclusion in Model City programming on the elements of community planning and development of services for older persons as well as a component covering the establishment of information and referral centers.

E. PROGRAM PLANNING

1. Prepared a section of the projected work plan for this agency which enabled evaluation of State Agency on Aging programs and activities and which provided guidance in strengthening State Agency planning on a dual-level front; planning and coordinating resources at the State level to better serve the needs of older persons; and guiding, directing and initiating services for older persons at the community level.

2. Designed a comprehensive reporting system on Title III projects which enabled an analysis to be made of project objectives and the actual progress being made to meet those objectives, as well as the accomplishments of both the State Agency on Aging and the Central Office of the Administration on Aging, in order to assure a more rapid improvement in the quantity and the quality of delivery of services to older persons.

3. Was selected by the agency as one of the key staff persons to be included in the "Inner City Training Program" held in Baltimore by DHEW to encourage broader scope and more effective planning of community services and activities.

PAUL E. ERTEL, JR., BIOGRAPHICAL DATA

Born: Winchester, Ohio—June 21, 1933.

Education: Cincinnati Public Schools, University of Cincinnati, University of Minnesota.

Work Experience: Public Recreation Commission, City of Cincinnati, Mayor's Friendly Relations Committee, City of Cincinnati, Chicago Commission on Human Relations—Migration Services Department, Mayor's Commission on Senior Citizens—Director.

At present: Regional Program Director on Aging, Administration on Aging, Office of Human Development, Department of Health, Education, and Welfare, Region III, Kansas City, Missouri.

BIOGRAPHICAL SKETCH OF FRANK NICHOLSON, REGIONAL PROGRAM DIRECTOR ON AGING, OFFICE OF HUMAN DEVELOPMENT, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, REGION IV, ATLANTA

Birthdate: July 24, 1920.
Birthplace: Columbia, South Carolina.
Education: High School Diploma, Columbia High, 1946; A.B. Degree—Sociology and Psychology, University of South Carolina, 1952; Masters Degree—Social Work, Tulane University, 1954.
Military: U.S. Marine Corps, September 1946–September 1948; October 1950–September 1951.
Family: Married—Four Children.
Experience: July 1954–May 1957—Disaster Representative, American National Red Cross; June 1957–March 1966—United Way of Metropolitan Atlanta with major responsibilities in planning and budgeting for variety of human resources, including aging, and with lesser responsibilities for fund raising. Had significant relationship to tax-supported programs and foundations. One full year was spent developing, directing, and implementing a Senior Citizen Survey and Report in 1959; March 1966–Present—Associated with the Regional Department of Health, Education and Welfare in the Aging Program, initially as an Assistant Regional Representative with increased responsibilities over the years.

Subject: Vita Of George A. Molloy, Acting Regional Program Director, Administration on Aging, Region I

1. Date of Birth: May 27, 1928.
2. Has been with the Administration on Aging since January 1966.
3. Prior to January 1966 he was with the Social Security Administration since January 1958. He rose from Claims Representative Trainee to District Office Manager. He has twenty-one years in the field of Aging.
4. He is a disabled veteran of World War II.
5. He completed his twenty-eighth year of governmental service on December 4, 1973.
6. From 1955 to 1959 he attended Suffolk Law School nights. He graduated first in his law class, receiving his Doctor Jurisprudence Degree cum laude. He won two Class Leadership scholarships in law school and also the Lewis H. Steinberg scholarship. He is a member of the Massachusetts Bar.
7. He received his A.B. Degree cum laude.

BIOGRAPHY OF MEL SPEAR, ADMINISTRATION ON AGING, OFFICE OF HUMAN DEVELOPMENT, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Mel Spear is the Regional Program Director on Aging, Department of Health, Education, and Welfare for Region IX. He is responsible for programs under the Older Americans Act being implemented in California, Arizona, Nevada, Hawaii, Guam, and the Trust Territories of the Pacific Islands.

In 1971, Mr. Spear transferred from Washington, D.C., where he served, since 1967, as the Director of Older American Services for the Administration on Aging, to the San Francisco Regional Office.

From 1964 until he assumed his AoA position, he was Project Director for the American Public Welfare Association, Project on Aging on a Ford Foundation grant. Before that, he spent 10 years with the California State Department of Social Welfare, as training officer and program and policy consultant. He participated in numerous task force assignments on State problems, and under direction of the Governor, was responsible for planning California's participation in the 1961 White House Conference on Aging.

From 1952 to 1954 he served as Executive Director of the United Cerebral Palsy Association of Los Angeles County, California. From 1951 to 1952, he was the area Director for the Welfare Federation Planning Council of the Los Angeles area; and also served as Executive Secretary of the Tacoma, Washington Community Council from 1949 to 1951.

He is the author of "New Expectations in Serving the Aged," published by the American Public Welfare Association, and of various studies and training manuals now in use in California. Two other documents, a report of the American Public Welfare Association's California project, "Developing Public Welfare Services for Older Persons," and a training syllabus for public welfare workers,

"The Guide for In-Service Training for Developing Services for Older Persons," have also been authored by him. He is the President-elect of the Western Gerontological Society, and serves as a consultant to the John F. Kennedy Center for the Performing Arts. He is a Visiting Professor on Social Gerontology at the University of California, Berkeley.

He is a graduate of the University of Southern California, Los Angeles, where he received a B.S. in Public Administration, and an M.S.W. degree in Social Work.

He and his wife reside in San Francisco, California; and his two daughters are also residents of San Francisco.

[Whereupon, at 11:50 a.m., the subcommittee adjourned, to reconvene at the call of the chair.]

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